

Basic guide to contraception



**Govern
de les Illes Balears**

Conselleria
de Salut i Consum

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Govern
de les Illes Balears

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INTRODUCTION

Throughout history, regardless of their culture, women have tried to avoid unwanted pregnancies by using more or less reliable methods. Thanks to pregnancy planning, we can separate sexuality from reproduction and achieve a free and positive sexuality, without coercion or conditioning.

This guide covers the existing contraceptive methods and those methods that have been misguidedly considered as contraceptive. Its aim is to help you understand them better and to choose the most appropriate according to your life circumstances and other elements such as effectiveness, health risks, duration (temporary method, long term or definitive), prevention against sexually transmitted infections like HIV/AIDS, the availability of the method and the commitment on the couple's behalf.

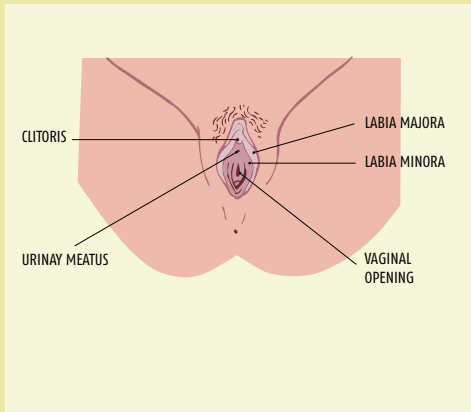
Contraceptive methods enable us to:

- Freely decide on maternity and paternity: how, when and with whom we want to have children.
- Avoid unwanted pregnancies and their consequences.
- Enjoy vaginal penetration during the act of sex as another form of sexual expression, free of fears and worries.

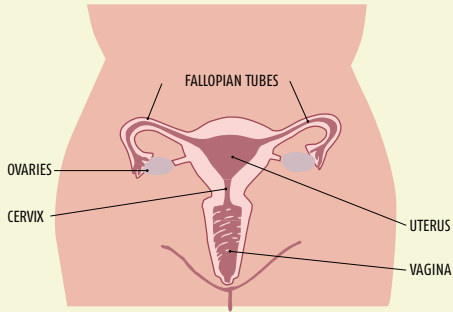
Female genitalia

External organs

Women's external genital organs, known as **vulva**, include:



- > **Labia majora and labia minora:** thickening of the skin that covers and protects the opening to the vagina and urethra.
- > **Clitoris:** female erectile organ in the front angle of the vulva, highly sensitive to physical stimuli such as pressure or friction. It has a sexual role.
- > **Urinary meatus:** orifice from which urine is ejected, located between the clitoris and a larger orifice which is the opening **into the vagina**.



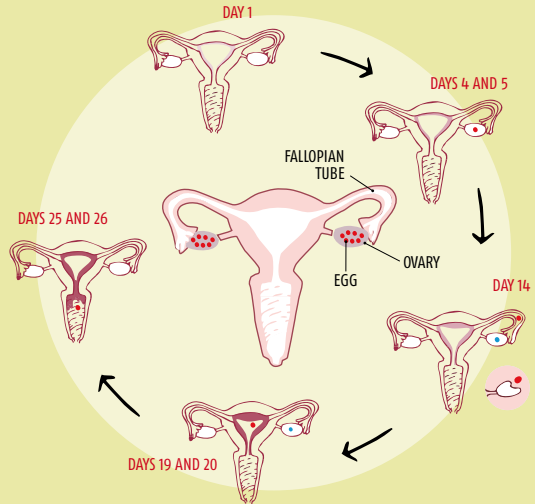
Internal organs

- > **Vagina:** flexible duct in a cylinder shape, extending from the vulva to the cervix, can vary in size and expands during arousal. The penis is inserted in it during intercourse and sperm travels through it to reach the uterus. It also provides a path for the menstrual blood and the channel to deliver the baby during childbirth.
- > **Cervix or neck of the uterus:** short and narrow lower portion of the uterus where it joins with the vagina. It secretes a liquid (flux) that helps to guide spermatozoa through the uterus. It can dilate a lot.
- > **Uterus or womb:** muscular organ of around 7cm, shaped as a flattened upside down pear, located in the middle of the pelvis. Its inside is lined with a mucosa called endometrium, which is shed together with blood through the vagina during the menstrual period. When pregnancy occurs the foetus develops inside the uterus.
- > **Fallopian tubes:** two tubes leading from the ovaries into the uterus which transport the ovum (egg).
- > **Ovaries:** almond shaped organs located at the end of the Fallopian tubes. They are the woman's sexual glands, producing ova (female reproductive cells) and female hormones (estrogens and progestagens).

Menstrual cycle

The time between the first day of menstrual bleeding (period) and the day before the following cycle, lasting for around 28 days, is known as the **menstrual cycle**. This biological phenomenon is cyclical, appears with puberty and lasts until between the ages of 45 and 55 (when menopause occurs).

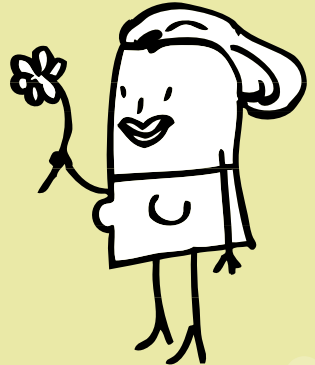
The menstrual cycle is regulated by the brain through the production of hormones which in turn stimulate the ovaries to bring to maturity a cell called **ovum** (egg). This happens on the first day of the cycle.



Around 14 days later the already matured egg is released from the ovary and swept into the Fallopian tubes until it reaches the uterus. The matured egg may join to the spermatozoa, in the event of this happening, **fertilisation** has occurred. Otherwise, the egg dies between 24 and 48 hours after ovulation.

When fertilisation has not occurred, the cellular inner lining is shed around 14 days after ovulation. This lining had been expanding during the cycle due to stimulation from the hormones (estrogens and progesterone) produced in the ovary. After 14 days the ovaries stop producing these hormones and menstruation (**period**) happens, which means the beginning of another menstrual cycle.

During the 3 to 4 days before and after ovulation, more or less in the middle of the cycle, the chances of getting pregnant are higher (**fertile period**). However, this is not the only time in which you can get pregnant, as pregnancy may happen at any time during the cycle (**spontaneous ovulation**), even during the period. For this **reason**, if you want to avoid pregnancy, you should **use a safe contraceptive method during all your cycle**.



Male genital organs

External organs

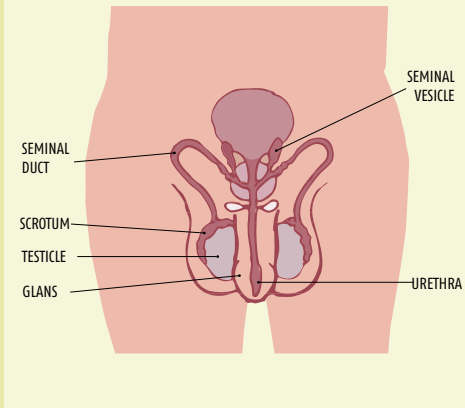
- > **Scrotum:** skin pouch, sensitive and wrinkled, containing and protecting the testicles.
- > **Penis:** elongated, cylinder shaped organ, full of blood vessels. Its length, which may vary, does not have any influence on the sexual performance. The end of the penis is called **glans**. The entrance to the **urethra**, the passage way for semen and urine, though never used for both at the same time, is located there.

Internal organs

- > **Testicles:** two oval shaped glands of around 4 cm in length which are inside the scrotum. They are in charge of producing spermatozoa (male sexual cells) and testosterone (male sexual hormones).

Testosterone is regulated by a gland called hypophysis, located in the brain. The interior is formed by a large number of **seminiferous ducts**.

- > **Epididymis:** formed by the grouping of seminiferous ducts and located on the testicles, the sperm cells mature there.
- > **Deferent ducts (vas deferens):** carry the spermatozoa from the epididymis to the seminal vesicles and the urethra.
- > **Seminal vesicles:** two pouches close to the prostate which store and feed the sperm cells.
- > **Prostate:** located underneath the urinary bladder. During ejaculation, it ejects a liquid together with the sperm cells. The semen is made of sperm cells and prostatic and seminal fluid.
- > **Cowper's glands:** two small glands located underneath the prostate. Their fluid cleans the urinary acid in the urethra before ejaculation. Occasionally, sperm may be found in this fluid.



Erection

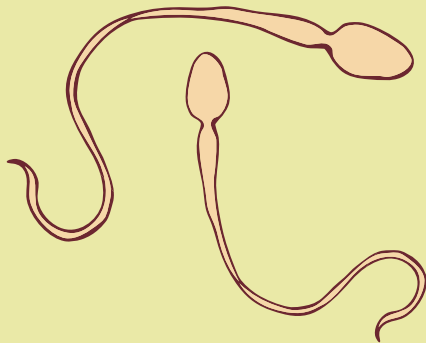
Blood is concentrated in the genital area, mainly in the penis, as a response to sexual stimulation, resulting in an extended and hard penis.

Ejaculation

The ejection of semen through the urethra.

Spermatozoon (sperm cell)

Germinative male cell, capable of fertilising the egg. Made up of head and tail, the later gives mobility to the cell, enabling it to travel inside the female genital organs. Once ejected, sperm cells can live up to between three and five days.

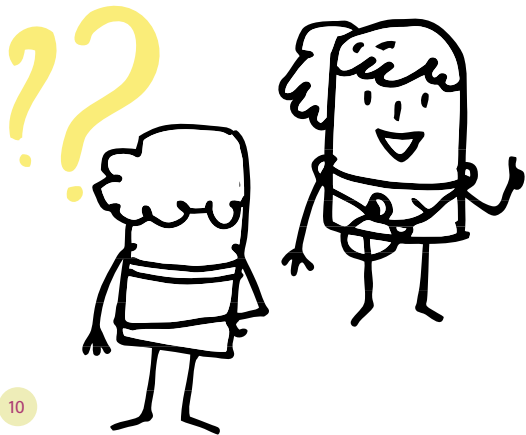


MYTHS ON CONTRACEPTIVES

Most cultures have certain myths (or false beliefs) based upon rumours without any medical or scientific proof, which are often linked to taboos and prejudices that have traditionally surrounded sexuality.

Hence, the following statements are **FALSE**:

- > Coitus interruptus (“the pull-out method”) is safe.
- > The so called natural methods for contraception are safe.
- > When using the contraceptive pill you gain weight.
- > The contraceptive pill causes sterility.
- > The contraceptive pill promotes growth of beard and moustache.
- > The contraceptive pill causes loss of hair.
- > When taking the pill, having some rest periods is beneficial.
- > Women over 35 should stop taking the pill or any other hormonal contraceptive.



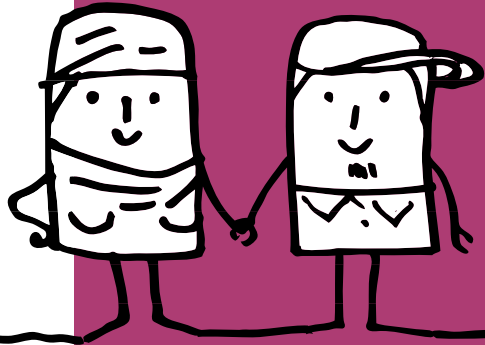
MYTHS ON PREGNANCIES

The following statements are **FALSE**:

- > There is no risk of pregnancy from the first sexual relation where penetration occurs.
- > There is no risk of pregnancy during menstruation.
- > Having cold ovaries prevents pregnancy.
- > Breastfeeding prevents pregnancy.
- > Vaginal douches prevent pregnancy.

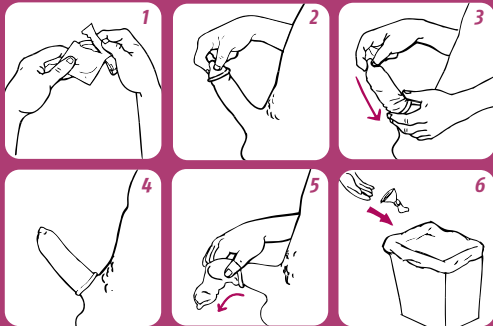
NON-CHEMICAL BARRIER METHODS FOR CONTRACEPTION

These are methods that prevent the sperm from travelling up the uterine cavity by forming a mechanical barrier.



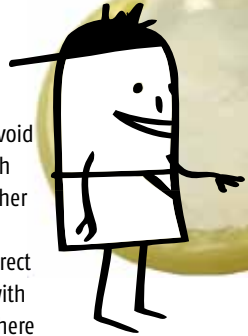
Male condom

Sheath of impermeable latex which is placed on the erect penis before penetration. It has a reservoir at the tip where semen is collected preventing it from entering the vagina.



How to put them on:

- 1 Tear the pack carefully to avoid damaging the condom with your nails, teeth or any other sharp object.
- 2 Place the condom on the erect penis before any contact with your partner and leave it there during penetration.
- 3 Hold it by its closed tip in order to release the air, place it on the erect penis and leave an empty gap at the tip for the semen to be collected.
- 4 Roll it down carefully making sure the entire penis is covered.
- 5 After ejaculation and with the penis still erect, hold it close to the ring to avoid semen spillage and remove it.
- 6 Throw it into the dustbin, never into the toilet.





ADVANTAGES

- > If used and stored correctly, it is 97% effective.
- > Protects against HIV/aids and other sexually transmitted infections.
- > It has no side effects.
- > Easy to use.
- > Shared responsibility.
- > It does not require a medical prescription.



DISADVANTAGES

- > If not stored or used correctly it becomes less effective and can break.
- > Single use only.
- > Some people are allergic to latex, however there are alternative condoms made of polyurethane.



YOU SHOULD NOT FORGET

- > A condom cannot be reused: a new one has to be used for each act of sex.
- > Do not use more than one condom at the same time, as they may break more easily.
- > Store in a dry and fresh place, away from sunlight.
- > Check expiry date.
- > Not to be used with liposoluble lubricants (Vaseline, oils, hand lotions, etc.) as they can damage the latex. If you want additional lubrication, use water-based lubricant only.



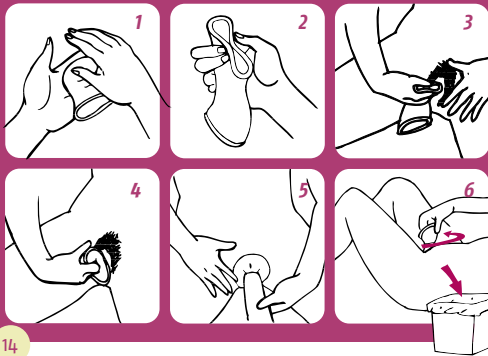
AVAILABILITY

- > Available to buy from chemists, specialised shops, vending machines, large supermarkets and shopping centres.

Female condom

Thin polyurethane sheath previously lubricated and closed at one end, it covers the vagina's wall and has a flexible and adaptable ring at each end.

The smallest ring is placed at the end of the vagina, always before penetration. The wider and more flexible ring is adjusted on to the vulva.



- 1 Spread the lubricant by rubbing it onto the condom.
- 2 Hold by the smaller ring.
- 3 Insert the condom as deep as possible.
- 4 Push up to the cervix with the help of your finger.
- 5 Guide the penis into the condom.
- 6 Remove by twisting the outer ring and throw in the dustbin.



ADVANTAGES

- > 95% effective.
- > Protects against unwanted pregnancies and sexually transmitted infections including HIV/aids.
- > It has no side effects.
- > It can be put in place any time before vaginal penetration and there is no need to remove it immediately after ejaculation.
- > It does not cause allergies.
- > It can be used with added lubricant (water or oil-based).
- > It does not require prescription.



DISADVANTAGES

- > More expensive than the male condom.
- > Single use only.

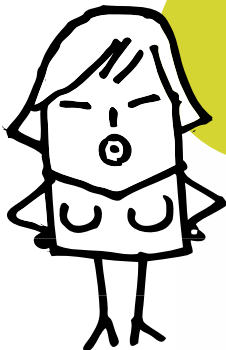


YOU SHOULD NOT FORGET

- > Do not use more than one condom at a time, as they may break more easily.
- > Check expiry date.

AVAILABILITY

- > Available to buy from chemists.

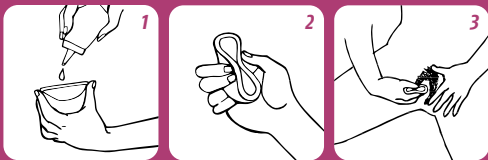


Diaphragm

Rubber bowl (latex or silicon) inserted inside the vagina to keep the sperm from entering.

How to use it:

- 1 Cover both sides and the rim of the diaphragm with spermicidal cream before each use in order to increase its effectiveness and assist its insertion.
- 2 Fold both rims till they touch each other.
- 3 Insert into the vagina all the way down to the cervix any time from 2 hours to 10 minutes before intercourse.



ADVANTAGES

- > 82 to 96% effective.
- > It helps you to get to know your body.
- > It has no significant side effects.
- > It does not hamper pleasure.





DISADVANTAGES

- > Despite protecting from certain sexually transmitted infections, it does not protect against HIV/aids.
- > It has to be used each time with a spermicide, which may very occasionally irritate the penis or the vagina.



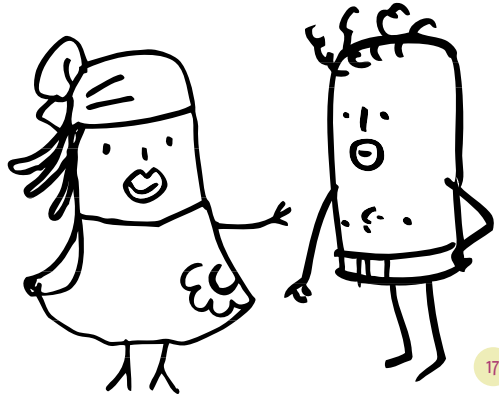
YOU SHOULD NOT FORGET

- > To be removed 6 hours after the last act of intercourse.
- > Check the diaphragm fit after childbirth or significant variation of weight, as your size may change.



AVAILABILITY

- > Available to buy from chemists without prescription.
- > An appointment with the gynaecological department is required in order to determine the size and to learn how to insert and remove it.



Spermicides and vaginal suppositories

Need to be combined with other barrier methods, as used on their own do not guarantee sufficient protection.

These are chemical substances that alter sperm's mobility or kill them. They are normally used to increase the effectiveness of barrier methods.



ADVANTAGES

- > They can be used all throughout the woman's reproductive life.
- > When combined methods are used, spermicides increase effectiveness.
- > They protect against certain sexually transmitted infections, though not against HIV/aids.



DISADVANTAGES

- > In order to be effective, they have to be left for 6 to 8 hours after use in the vagina without washing.
- > Irritation in the vagina or penis may very occasionally appear after using spermicidal cream, and its use may cause an allergic reaction.



AVAILABILITY

- > Available to buy from chemists without prescription.

HORMONAL METHODS FOR CONTRACEPTION



Combined Pill

Hormonal treatment preventing ovulation (thus preventing fertilisation and pregnancy) by means of combining two hormones, estrogen and progesterone. One pill a day has to be taken orally, at approximately the same time everyday. However, there is a 12 hour margin in which it can be taken without becoming ineffective. If taken outside this 12 hour margin, another contraceptive method should be used while continuing the course, until you start with the next pack of pills. You should continue taking them with no interruptions.



ADVANTAGES

- > 99.9 % effective if taken continuously without skipping a pill.
- > It regulates the menstrual cycle.
- > It may reduce menstrual discomfort.

DISADVANTAGES



- > It does not protect against HIV/aids or other sexually transmitted infections.
- > In case of vomiting or diarrhoea within two hours of the intake, take another pill.
- > It may have side effects (change in weight, head-aches, breast tenderness...).
- > Not recommended for women over 35 who smoke due to the risk of thrombosis.



AVAILABILITY

- > Available to buy from chemists on prescription.
- > You need to be assessed and monitored by specialised health staff.

Minipill

One single hormone treatment (gestagen) that prevents ovulation. To be used like the combined pill.



ADVANTAGES

- > It is highly effective, although slightly less than the combined pill, and only when taken regularly without missing a pill. It becomes effective from the first cycle.
- > It decreases menstrual pain and bleeding.
- > Infrequent side effects.
- > Recommended for women who cannot take estrogens, and those older than 35, even if they smoke.
- > It can be taken while breastfeeding.



DISADVANTAGES

- > It does not protect against HIV/aids or other sexually transmitted infections.
- > In case of vomiting or diarrhoea within two hours of the intake, take another pill.

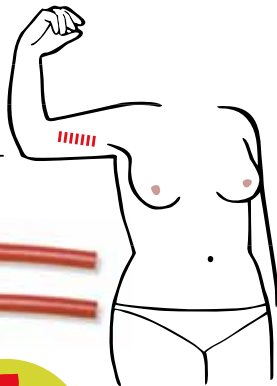


AVAILABILITY

- > Available to buy from chemists on prescription.
- > You need to be assessed and monitored by specialised health staff.

Contraceptive implant

Flexible plastic tube (34 mm in length and 2.5 mm in diameter) containing progesterone hormones which are released in very small doses, thus preventing pregnancy. It is surgically inserted under the arm's skin using local anaesthetics. It may be felt at touch but not seen.



ADVANTAGES

- > Highly effective, similar to the minipill.
- > Effective for 3 to 5 years.
- > May be used while breastfeeding.



DISADVANTAGES

- > It does not protect against HIV/ aids or other sexually transmitted infections.
- > Menstrual cycles may be shorter or even disappear.
- > Same contraindications as minipill.
- > It may be less effective when used with certain medication.



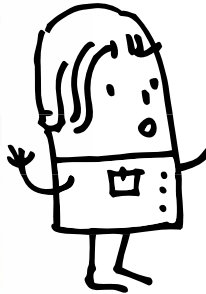
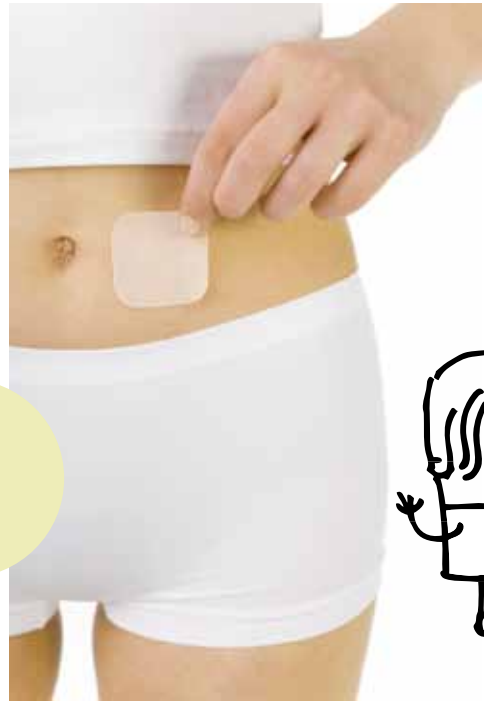
AVAILABILITY

- > It must be implanted and monitored by specialised health staff.

Contraceptive patch

Adhesive patch that sticks to the skin, slowly releasing two hormones (estrogens and gestagens) into the body, preventing pregnancy.

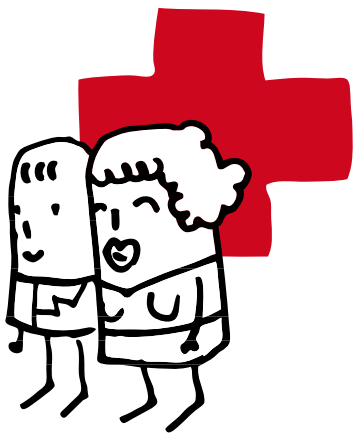
The patch must be changed, on the same day, every week, for 3 weeks in a row. On the fourth week (when menstruation occurs) no patch is worn, though the contraceptive protection remains effective.





ADVANTAGES

- > 99.9% effective.
- > Easy to use.
- > Effectiveness is not affected in case of vomiting or diarrhoea.
- > Weekly use.
- > Reduces menstrual bleeding.



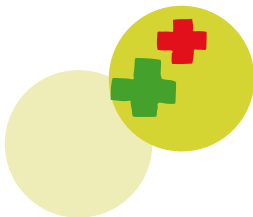
DISADVANTAGES

- > It does not protect against HIV/ aids or other sexually transmitted infections.
- > Same contraindications as combined pill.
- > A skin reaction may develop at the site of application of the patch.
- > In women over 90 kilos (14 stones) it becomes less effective.
- > It may fall off.
- > Its effectiveness may decrease if used together with certain medication.



AVAILABILITY

- > Available to buy from chemists.
- > You need to be assessed and monitored by specialised health staff.



Vaginal ring

Flexible plastic ring of 54 mm diameter which releases hormones preventing pregnancy. It provides one month of birth control only.

It is inserted into the vagina during the first 5 days of a period and remains in place for 3 weeks. Once removed, stop using for 1 week.



ADVANTAGES

- > 98–99% effective.
- > Easy to insert and remove.
- > Effectiveness is not affected by its location inside the vagina.
- > If properly placed, you will not feel it during the act of sex.
- > Same advantages as the combined pill.



DISADVANTAGES

- > It does not protect against HIV/aids or other sexually transmitted infections.
- > Same contraindications as combined pill.
- > It cannot be stored at extreme high or low temperatures.



AVAILABILITY

- > Available to buy from chemists on prescription.
- > You must be assessed by specialised health staff.



Contraceptive injections

Intramuscular contraceptive injections which work like the contraceptive pill. They contain a combination of estrogens and gestagens or progesterone only.



ADVANTAGES

- > Highly effective, like the combined pill or the mini-pill.
- > Doses per month, per two months or per three months available.



DISADVANTAGES

- > It does not protect against HIV/aids or other sexually transmitted infections.
- > Same contraindications as the combined pill or the minipill.



AVAILABILITY

- > Available to buy from chemists on prescription.
- > Administered and monitored by specialised health staff.

Intrauterine device (I.U.D.)

Small object, made of highly flexible plastic material (polyethylene) in different shapes such as T-shape, spiral, etc. It is usually wound around with a copper, or silver and copper wire. It works by producing the following effects:

- Segregation of more abundant flux, hampering the access of sperm.
- The movement of the Fallopian tubes is altered in a way that interferes with the egg's journey to the uterus.
- The endometrium is altered in a way that prevents the egg, in case of fertilisation, from attaching to it.

Specialised health staff inserts the IUD inside the uterus. You may check whether it is properly positioned by feeling its string in the upper part of the vagina.



ADVANTAGES

- > 95% to 98% effective.
- > Once fitted, it can be left for 3 to 10 years according to the chosen IUD and under health care supervision.

DISADVANTAGES

- > It does not protect against HIV/aids or other sexually transmitted infections.
- > Menstrual periods may be longer with more discomfort.
- > There may be some minor blood spotting in between periods.
- > Not recommended for all women. Suitable for women that have already given birth.
- > Possible side effects (abdominal pain, heavy periods...).



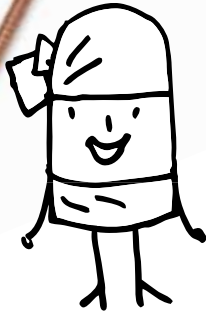
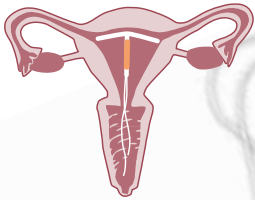
AVAILABILITY

- > Available to buy from chemists on prescription.
- > It requires assessment, fitting and supervision by a specialised health carer.



Hormonal IUD

IUD with the added effects of progesterone, thus preventing ovulation.



ADVANTAGES

- > 98% effective immediately after insertion.
- > Shorter and lighter menstrual periods which may even disappear.
- > Once inserted, it is effective for 5 years, though it may be removed earlier.

DISADVANTAGES

- > It does not protect against HIV/aids or other sexually transmitted infections.
- > Your menstrual cycle may be upset.



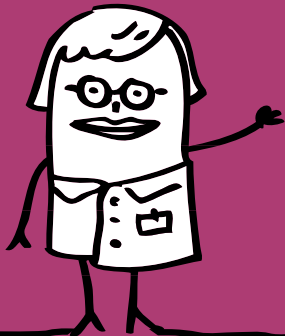
AVAILABILITY

- > Available to buy from chemists on prescription.
- > Assessed, fitted and monitored by specialised health staff.



SURGICAL METHODS

These are methods in which ducts used by sperm and eggs to leave the organs where they have been produced are surgically blocked.



Tubal Ligation

Procedure carried out to block the Fallopian tubes, preventing the egg from travelling to the uterine cavity and being fertilised by sperm.

ADVANTAGES

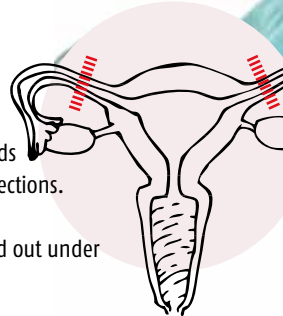


- > 100% effective.
- > It has no effect on the female reproductive cycle or hormone production.
- > No side effects.

DISADVANTAGES



- > It does not protect against HIV/aids or other sexually transmitted infections.
- > It is virtually irreversible.
- > Surgical procedure usually carried out under a general anaesthetic



Vasectomy

It is an operation to cut the deferens ducts coming out from the testicles. This means that sperm is blocked during ejaculation.

ADVANTAGES



- > Highly effective.
- > Fast and simple procedure carried out under local anaesthetics.
- > No side effects or health risks.
- > It has no effect on the male's sexual performance.

DISADVANTAGES

- > It does not protect against HIV/aids or other sexually transmitted infections.
- > Virtually permanent.
- > Around 16 weeks after vasectomy a sperm count is carried out to confirm that there is no sperm left, as sterilisation is not immediate.



NATURAL METHODS

Natural methods are not truly contraceptive methods as in most cases unwanted pregnancy is not avoided and they are not reliable.

They work by detecting the most fertile days, which are the days before and after ovulation in order to avoid having coital sex during this period.



Ogino-Knaus Method

The infertile period is established by counting days starting from the menstruation.

One has to bear in mind that eggs stay for 24 hours in the tubes and sperm cells survive for around 72 hours in the woman's body. If sexual relations with penetration take place on the same day of ovulation or any of the three previous days, fertilisation may occur in any of these 4 days. For further protection the two previous days and one extra day afterwards are added, resulting in one full week of fertility.

As cycles do not always last 28 days, this method requires a previous study of the cycle variations for approximately one year, with calculations based on the longest and shortest cycles.

Basal Temperature Method

The woman's body temperature tends to increase slightly after ovulation (between 0.2°C and 0.4°C) staying high until the end of the cycle.

Women using this method have to record their body temperature first thing every morning, before getting up or drinking any liquid. Sexual relations with vaginal penetration should be avoided from the first day of the period until the third successive day in which high bodily temperature has been noted.

Generally speaking, this is not an effective method, as cycle's regularity can be altered due to various circumstances.

Cervical or Billings Method

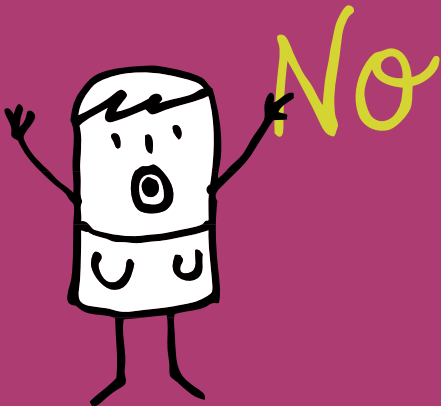
The window of fertility is established by checking on changes in the vaginal mucus as it becomes heavier and more fluid during ovulation.

In the days following menstruation there is virtually no mucus; it increases and becomes more fluid in the days leading to ovulation; after ovulation it decreases and becomes thicker. However, this method does not tell us if ovulation has taken place earlier than usual.



THESE ARE NOT CONTRACEPTIVE METHODS

These are methods that are highly or fully ineffective to prevent pregnancy and do not protect against HIV/aids or other sexually transmitted infections.



Coitus Interruptus: “Pull Out Method” or “Withdrawal Method”

During intercourse the penis is withdrawn from the vagina before ejaculation, keeping sperm from entering the vagina.

It is hard to know the exact moment of ejaculation, hence it is difficult to prevent pregnancy as the pre-ejaculatory liquid ejected before ejaculation may carry enough sperm to cause pregnancy.

The need to be constantly preoccupied with the ejaculation may also give rise to unsatisfying sexual relations.

Vaginal douche

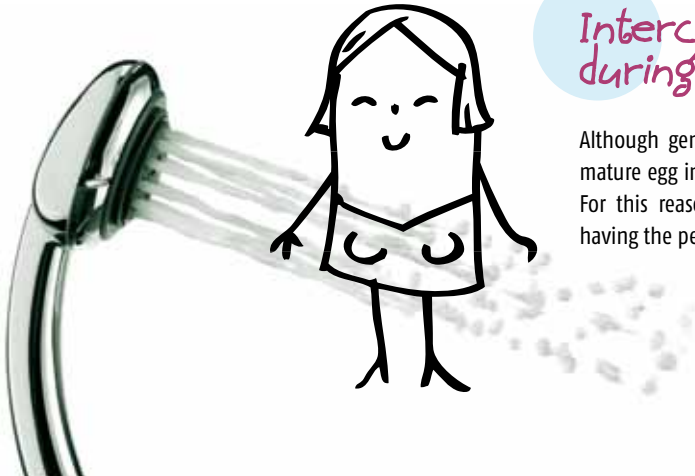
Cleaning the vagina immediately after sexual intercourse does not prevent pregnancy, as sperm entered in the vagina travels to the cervix with great speed.

Extended breastfeeding

According to popular belief, a breastfeeding woman cannot become pregnant. This is completely false, as there is ovulation during breastfeeding; hence there is a chance of getting pregnant.

Intercourse during menstruation

Although generally during menstruation there is no mature egg in the ovaries, this is not always the case. For this reason, there is a risk of pregnancy while having the period.



Emergency contraception “the morning-after pill”

Hormonal treatment to be **used exceptionally** to avoid pregnancy. It works by blocking or delaying ovulation, so fertilisation is avoided thus preventing an unwanted pregnancy after unprotected sexual relations.

By unprotected sexual relations we mean sex that happens under the following circumstances:

- > The contraceptive method has not been used or not used correctly:
 - Missing the intake of the pill.
 - Forgetting to use a condom.
 - Using an out of date condom.
 - Condom stays in vagina when trying to remove it.
 - Incorrect fitting of diaphragm.
 - Removing the diaphragm before the recommended time (six hours after intercourse)



Incorrect use
of spermicidal cream.

- > Failure of the usual contraceptive method:
 - Condom breaks or slips off.
 - IUD moves down or is expelled.
- > Recent use of teratogenic drugs (they may damage the foetus).
- > Having had sex with an altered state of consciousness.
- > Rape or sexual abuse.

It should be taken as soon as possible. It is recommended to do so within 12 hours after a pregnancy risk intercourse. Intake not recommended after 5 days have passed from the moment of intercourse.



ADVANTAGES

- > Any fertile woman under the above mentioned circumstances can take it.
- > It can be taken after unprotected sex.
- > If the woman is pregnant, the pill is not abortive and will not damage the foetus.



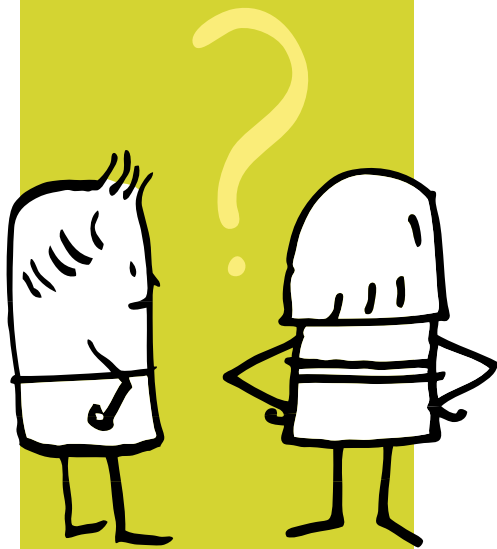
AVAILABILITY

- > Freely available from Public Health Centres of the Balearic Islands. You just need to go to the Public Health Institution closest to you (Health Centre, PAC or Primary Health Centre, A&E department in any public hospital or Women's Care Centre).
- > Available to buy from chemists without prescription.



DISADVANTAGES

- > It does not protect against HIV/aids or other sexually transmitted infections.
- > It may cause some side effects though they tend to be mild and temporary. Not very acute, they are usually felt as a discomfort: abdominal pain, tiredness, headache, dizziness, breast tenderness and vomiting.
- > In case of vomiting within 2 hours of the intake, take another pill.
- > It only prevents pregnancy from the most recent sexual relation.
- > As it is not a regular contraceptive method it should be used for emergencies only.



Additional information

Additional information regarding the method or methods more suitable to your circumstances, together with any health assistance required to use them, are available from any Primary Health Centre.

MINISTRY OF HEALTH AND CONSUMERS PROTECTION

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