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Informed

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Consent

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Information

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And

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Resources

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## Informed Consent Materials

State law requires that the Mississippi State Department of Health publish specific printed materials about pregnancy prevention, medical risks associated with pregnancy and termination of pregnancy, gestational development, and resources available to assist a woman through pregnancy, childbirth, and early childhood care. These materials by design are objective, nonjudgmental, and scientifically accurate.

Copies of the materials are available on request to —

Division of Health Facilities Licensure and Certification  
Mississippi State Department of Health  
Post Office Box 1700  
Jackson, Mississippi 39215-1700  
Telephone 601/354-7300  
Fax 601/354-7230

# Conception and Development

Physicians most often refer to an unborn child's age from the first day of the last menstrual period, which usually occurs two weeks before conception. Approximate ages listed in this material are based on first day of last menstrual period.

Lengths listed are based on "crown-rump" measurement, from the top of the head to the bottom of the buttocks. The measurement is used because differences in heights are usually seen in limbs, not in the body.

The following descriptions and photographs are designed to tell you the probable anatomical and physiological characteristics from the time a woman can be known to be pregnant to full term.

## 4 weeks

- Only lab test determines pregnancy
- Development begins as "undifferentiated tissue," a group of cells in a flat, saucer-like shape
- No chance of survival outside the womb



## 4 to 6 weeks

- Laboratory pregnancy test and many home test kits show positive
- Rapid growth to about 4 mm long
- Physical characteristics: arm and leg buds, heart chambers, and circulatory system are present
- Sonogram picks up fetal movements
- No chance of survival outside the womb



## 6 to 8 weeks

- ❑ Length reaches 22 to 24 mm, about 1 inch
- ❑ Heart begins beating; Sonogram can detect the beats
- ❑ Physical characteristics: head, trunk, arms, legs, fingers, toes, and ears are recognizable
- ❑ No chance of survival outside the womb



## 8 to 10 weeks

- ❑ Length: 40 mm, about 1 1/2 inches
- ❑ All major organ structures and systems finish forming, but they are not mature
- ❑ No chance of survival outside the womb



## 10 to 12 weeks

- ❑ Length: 61 to 70 mm, about 2 1/2 inches
- ❑ Formed structures begin to mature
- ❑ Physical characteristics: fingernails and hair growth appear; bones begin forming; outward signs of sex begin to show
- ❑ Reacts to stimuli such as movement of the mother or loud sounds
- ❑ A special instrument called a Doppler can pick up heart beat for mother and physician to hear
- ❑ No chance of survival outside the womb



## 12 to 14 weeks

- ❑ Length: 87 mm, about 3 1/2 inches
- ❑ Kidney functions, and fetal swallowing begins
- ❑ No chance of survival outside the womb



## 14 to 16 weeks

- ❑ Length: 121 mm, about 4 3/4 inches
- ❑ Fetus can hold its head up
- ❑ No chance of survival outside the womb



## 16 to 18 weeks

- ❑ Length: 140 mm, about 5 1/2 inches
- ❑ Physical characteristics: ears stand out from the head
- ❑ No chance of survival outside the womb



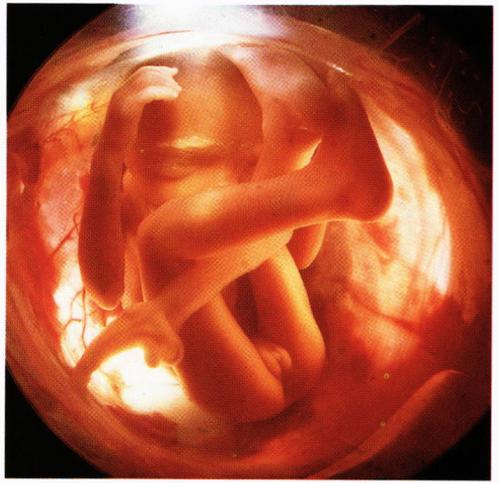
## 18 to 20 weeks

- ❑ Length: 160 mm, about 6 1/4 inches
- ❑ Weighs less than 1 pound
- ❑ Mother begins feeling fetal movement and kicking
- ❑ Development continues, but survival outside womb is not probable



## 20 to 22 weeks

- ❑ Length: 190 mm, about 7 1/2 inches
- ❑ Organs continue to grow
- ❑ Survival outside womb is extremely unlikely (about one in a million)



Survival rates outside womb depend on the condition of the mother, condition of the fetus, quality of prenatal care, and quality and availability of intensive newborn medical care.

## 22 to 24 weeks

- ❑ Length: 210 mm, about 8 1/4 inches
- ❑ Weight: about 1 1/4 pound
- ❑ Physical characteristics: light body hair begins to show
- ❑ At the end of the 24th week, survival rate is about 25 percent (about 50 percent of the survivals might have long-term disabilities)



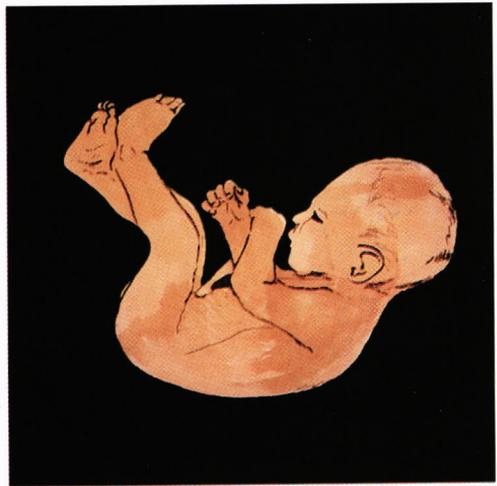
## 24 to 26 weeks

- ❑ Length: 230 mm, about 9 inches
- ❑ Weight: 850 grams or about 2 pounds
- ❑ Survival rate: about 50 percent; about 30 percent of babies who survive could have major handicapping conditions



## 26 to 28 weeks

- ❑ Length: 250 mm, about 9 3/4 inches
- ❑ Weight: 1100 grams or about 2 1/2 pounds
- ❑ Physical characteristics: eyes are partially open and eyelashes are present
- ❑ Fetus has established a pattern of sleeping, turning, sucking, and kicking
- ❑ Survival rate: about 80 percent



## 28 to 30 weeks

- ❑ Length: 270 mm, about 10 1/2 inches
- ❑ Weight: 1300 grams or about 3 pounds
- ❑ Physical characteristics: skin is still wrinkled; eyes are open
- ❑ Survival rate: about 90 percent



## 30 to 32 weeks

- ❑ Length: 280 mm, about 11 inches long
- ❑ Weight: 1700 grams or more than 3 pounds
- ❑ Physical characteristics: body is filling out; toenails are present; testes in males begin descending
- ❑ Survival rate: about 91 percent



## 32 to 34 weeks

- ❑ Length: 300 mm, about 11 3/4 inches
- ❑ Weight: 2100 grams or about 4 1/2 pounds
- ❑ Physical characteristics: fingernails reach the fingertips; skin is pink and smooth
- ❑ Survival rate: about 95 percent



Survival rates past 34 weeks are above 95 percent, close to those of a full-term delivery.

## 34 to 36 weeks

- ❑ Length: 320 mm, about 12 1/2 inches
- ❑ Weight: 2400 grams or about 5 1/2 pounds
- ❑ Growth continues



## 36 to 38 weeks

- ❑ Length: 340 mm, about 13 1/2 inches
- ❑ Weight: 2900 grams or about 6 1/2 pounds
- ❑ Physical characteristics: body is usually plump; lanugo hair — fine body hair that covers the fetus during development — is almost absent; toenails reach toe tips



Pregnancies are considered full-term after completion of the 38th week.

## 38 to 40 weeks

- ❑ Length: 360 mm, about 14 1/4 inches
- ❑ Weight: can vary from about 6 to 10 pounds
- ❑ Physical characteristics: prominent chest is evident; fingernails extend beyond the fingertips



### Acknowledgments and Sources:

Boyd, W. Jerome (Computer Graphics Designer). (1995). **Abortion: Making A Decision**. Baton Rouge, Louisiana: Louisiana Department of Health and Hospitals.

Graves, G. R. (1990-1995). [Survival statistics of very low-birthweight babies at University of Mississippi Medical Center]. Unpublished raw data.

Nilsson, Lennart (Photographer). 1990. **A Child Is Born**. New York, New York: Bantam Doubleday Dell Publishing Group, Inc. (Originally published in Sweden under the title *Ett barn blir till* by Albert Bonniers Förlag, Stockholm).

Pritchard, J., MD, MacDonald P., MD, Gant N., MD (1985). **Williams Obstetrics** (15th ed.). Norwalk, Connecticut: Appleton-Century-Crofts.

## Informed Consent Resources

A supplemental, readily updated resource list is grouped geographically according to Mississippi State Department of Health public health districts. The nine public health districts are illustrated in the map on the supplement.

❑ **Family Planning and Prenatal Care:**

- **County Health Departments:** These offer a variety of services including pregnancy tests, counseling, maternity care, WIC Program, immunizations, family planning, some care for babies and children, including services or referral through Children's Medical Program (formerly Crippled Children's Services). Contact your local health department for a complete list of services.
- **Community Health Centers:** All CHCs offer family medical care; many offer prenatal and well baby care. Contact the center in your area for specifics.

❑ **County Human Services Offices:**

- **Economic Assistance (EA):** Persons in need of economic assistance may apply at these offices for Medicaid programs, Aid to Families with Dependent Children (AFDC), food stamps, and USDA commodities; other programs may be available. Call the office for specifics and to determine what information is required to apply for the various programs.
- **Social Services (SS):** County offices provide counseling, information, and referral to pregnant women. They also arrange for placement in licensed maternity homes.

❑ **Crisis Pregnancy Centers:** CPCs are private organizations offering pregnancy testing and counseling. CPC staff help arrange prenatal care and delivery care and, in some instances, can help secure clothing and housing. Contact local CPC for more information.

❑ **Pregnancy and Maternity Counseling:** Counseling and referrals for women who need help and guidance in securing a plan for the future. Often finds "host families" or "sheparding care/homes."

❑ **Licensed Maternity Homes:** Maternity homes provide a place away from home for the woman who wants to leave her community for privacy or protection during pregnancy; babies are normally released for adoption. Contact individual homes for more details.

❑ **Hospitals With Delivery/Newborn Services:** These hospitals provide the physical facilities for labor and childbirth. Type of services offered for complicated pregnancies and births vary; contact local hospital for specific information about services available.

❑ **Licensed Adoption Agencies:** Adoption agency services vary, but most offer counseling for the pregnant woman before and after delivery and locate a home for the baby when it's born. They also counsel with the adoptive family before and after placement. Contact individual agencies for specifics.

## **Health Facilities Licensure and Certification**

Mississippi State Department of Health

Post Office Box 1700

Jackson, Mississippi 39215-1700

*Equal Opportunity in Employment/Services*

August 1991, Updated and Revised August 1996

Catalog # 5283

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Licensed Adoption Agencies provide many different types of services, but most offer counseling for the pregnant woman before and after delivery and locate a home for the baby when it's born. They also counsel with adoptive family before and after placement. Contact individual agencies for specifics.

Mothers in need of economic assistance can apply at Department of Human Services offices in each county for Medicaid programs; Aid to Families with Dependent Children (AFDC), food stamps, and USDA commodities. Other programs might be available. Call the office for specifics and to determine what information is required to apply for the various programs. Social Services offices provide counseling, information, and referral to pregnant women. They also arrange for placement in licensed maternity homes.

#### **INFORMED CONSENT MATERIALS**

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For copies of the materials, ask this clinic or contact:

**Bureau of Health Facilities Licensure and Certification**  
**Mississippi Department of Health**  
P.O. Box 1700  
Jackson, MS 39215  
Telephone - 601-576-7300  
Fax - 601-576-7350

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# Informed Consent Medical Risks

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## MEDICAL RISKS

Mississippi law requires doctors to tell pregnant women about the risks of the abortion procedures that end pregnancies and the risks of carrying a child to term.

## ABORTION

Legal abortions in the United States usually take place without difficulty. However, complications can result:

- **Hemorrhage** - Heavy bleeding. A blood transfusion might be needed to replace what is lost. Sometimes a second procedure (D&C) is necessary to stop the bleeding.
- **Infection** - The uterus is more likely to become infected after abortion. Pain and fever indicate an infection has started. If treated right away with antibiotics, and sometimes with a second procedure, the woman usually recovers quickly. But if she delays getting medical care, a very serious life-threatening infection can develop. In rare cases, a hysterectomy (surgical removal of the uterus) is necessary.
- **Perforation** - Instruments used in the abortion procedure might be accidentally pushed through the wall of the uterus while trying to remove the pregnancy. If the instrument damages one of the internal organs, major surgery might be necessary to repair this damage. Perforation occurs one or two times in a thousand cases.
- **Continued pregnancy** - Sometimes the abortion procedure does not completely remove the pregnancy. When the woman comes back two to three weeks later for her first post-abortion checkup, the continued pregnancy will be discovered, and an abortion can still be performed.
- **Effects on later pregnancy** - If hysterectomy has to be performed because of complications, then later pregnancy is impossible. Severe injury to the cervix (mouth of the womb) happens once or twice in a thousand abortions and can result in early loss of later desired pregnancy.
- **Death** - The risk of death depends on the length of pregnancy when the abortion is done and increases with time. An abortion performed in the first three months of pregnancy has a risk of death of about one or two per 100,000 abortions.

Medical professionals disagree about a possible connection between abortion and breast cancer risk. Some studies show that women who do not carry a pregnancy to term by choice or circumstance are more likely to develop breast cancer. Other studies have found no link between loss of pregnancy and breast cancer risk.

## PREGNANCY

Continuing a pregnancy and delivering a baby is usually a safe, healthy process. The risk of dying as a direct result of pregnancy and childbirth is less than 10 in 100,000 births. The risk is higher for African-Americans, 22 in 100,000. Women who have chronic severe diseases face greater risks than healthy women.

About 80 percent of all pregnancy-related deaths are caused by:

- Emboli - blood clots affecting the heart or brain.
- Eclampsia - high blood pressure complications.
- Hemorrhage - severe bleeding.
- Sepsis - severe infection.
- Cerebral vascular accidents - stroke, bleeding in the brain.
- Anesthesia-related complications.

Some risks in continuing pregnancy to term are not life-threatening.

- About 15 to 20 of every 100 pregnancies require delivery by Caesarean.
- One in 10 women develops infection during pregnancy or after delivery.
- About one in 20 pregnant women has blood pressure problems.
- One in 20 women hemorrhage - lose large amounts of blood - at the time of delivery.

## SERVICES/OPTIONS

Women who carry their pregnancies to term have access to several support service programs for themselves and their babies.

Mississippi law requires fathers to assist in the support of the child once paternity is determined, even in instances in which the father has offered to pay for an abortion. Government and private agencies help determine the amount of support and help collect payments.

Family Planning and Prenatal Care are available through county health departments, which offer a variety of services including pregnancy tests, counseling, maternity care, WIC Program, Immunizations, and family planning. The departments may also provide some care for babies and children, including services or referral through Children's Medical Program (formerly Crippled Children's Services). Contact your local health department for a complete list of services.

Community Health Centers offer family medical care. Many offer prenatal and well baby care. Contact the centers in your area for specifics.

Crisis Pregnancy Center (CPCs) are private organizations which offer pregnancy testing and counseling. CPC staff help arrange prenatal care and delivery care and, in some instances, can help secure clothing and housing. Contact local CPC for more information.

What everyone should know

# ABOUT CONTRACEPTION

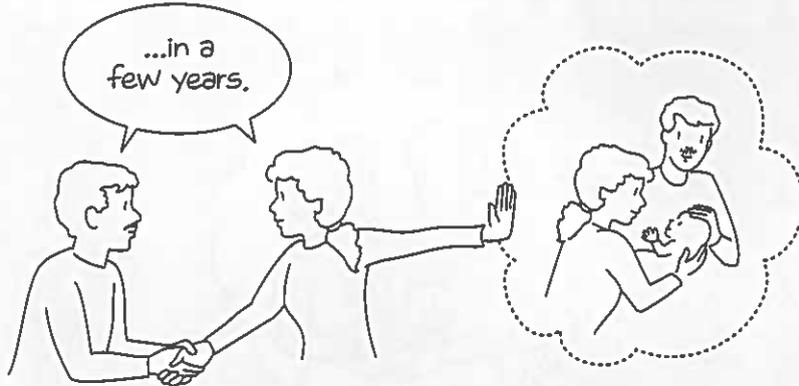


Mississippi State Department of Health  
Family Planning Program  
1-800-721-7222

# WHAT IS CONTRACEPTION?

It's the planned prevention of pregnancy—choice instead of chance.

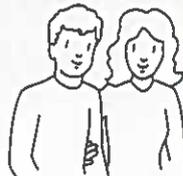
...in a few years.



**YEARS AGO—**  
people had no reliable way to control when they had children.



**TODAY—**  
people can choose from several methods of contraception that are considered safe, practical and effective.



## Please read:

Talk to your health-care provider! This booklet is not a substitute for the advice of a qualified health-care provider.

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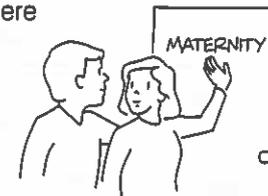
# WHY SHOULD I KNOW ABOUT CONTRACEPTION?



Because practicing effective contraception gives you control over your body and your life. It can:

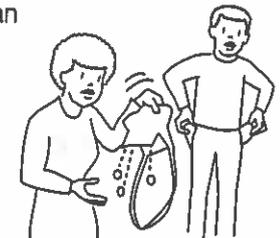
## HELP YOU AVOID UNPLANNED PREGNANCY

and protect the woman's health in cases where pregnancy would pose a risk



## HELP PREVENT FINANCIAL HARDSHIP

caused by an unplanned pregnancy



## GIVE YOU TIME

to strengthen your personal relationships before the demands of parenthood fall on you



## GIVE YOU FREEDOM

to avoid making hasty decisions about marriage because of an unplanned pregnancy.



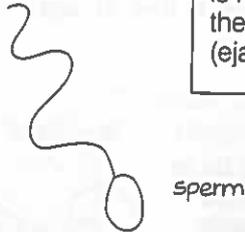
Babies need and deserve to be loved and cared for by parents who are ready to provide for those needs. That's where contraception comes in.

# HOW PREGNANCY HAPPENS

**DURING SEXUAL EXCITEMENT,** the penis expands and hardens (erection) and is inserted into the vagina.

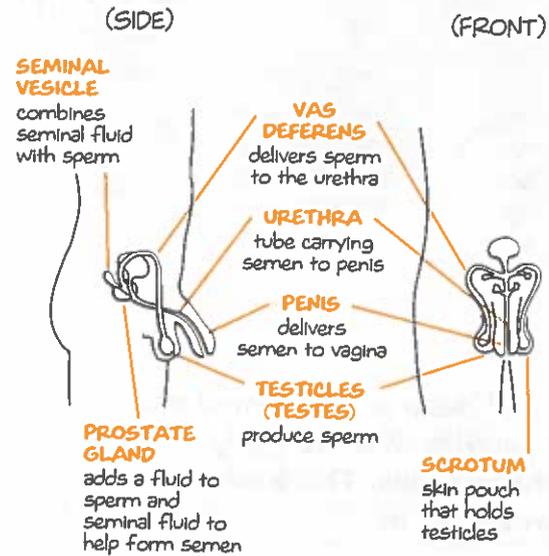
**AT THE MOMENT OF THE MAN'S ORGASM,** semen containing millions of sperm is released into the vagina (ejaculation).

**THE EGG IS FERTILIZED** when a single sperm meets a ripe egg cell in a fallopian tube.

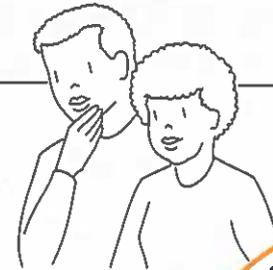


sperm

## MALE SEX ORGANS



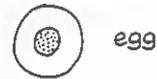
- Mature male sex organs produce sperm—tadpole-shaped sex cells that fertilize the woman's egg. They're so small that 400-500 million could fit on the head of a pin.
- Sperm production starts at puberty and continues throughout life.
- Once released from the man's body, sperm generally live about 48-72 hours.



**THE FERTILIZED EGG** travels to the uterus (womb) and attaches to the uterine wall.

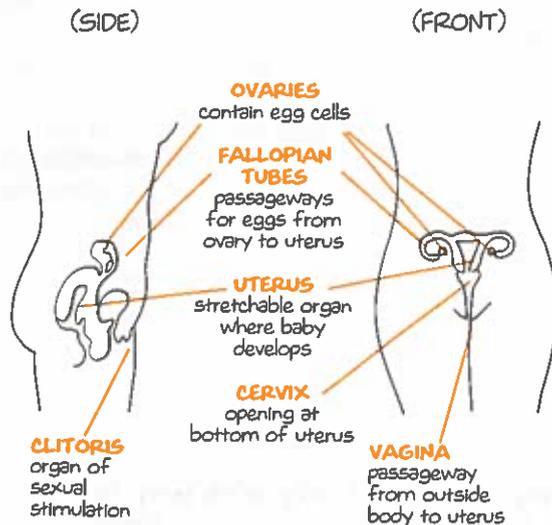
**CELL DIVISION** takes place in the fertilized egg. It results 9 months later in a fully developed baby.

- FIRST SIGNS OF PREGNANCY** include:
- a missed period
  - unusual drowsiness
  - slight nausea
  - breast swelling
  - more frequent urination.



egg

## FEMALE SEX ORGANS



- Once a month, beginning at puberty, a ripe egg is released from an ovary (ovulation). It travels through a fallopian tube to the uterus.
- If not fertilized, the egg and uterine lining will be passed out of the body (menstruation). This usually occurs about 14 days after ovulation.

## WHAT'S THE BEST METHOD OF CONTRACEPTION FOR ME?

Only you, your partner and your health-care provider can decide that.

Some factors to consider:

### HEALTH RISK

Choose a method that won't be a risk to your health. For advice, consult your health-care provider. Be sure to ask about any possible side effects.

### EFFECTIVENESS

Ask your health-care provider for advice on the effectiveness of different methods. Choose one that will work well for you.

### CONVENIENCE

If the method is too much trouble, you'll be tempted to skip using it—and it won't work.

### COST

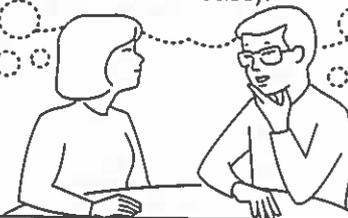
Check out the differences. Whatever the cost, no method is really expensive compared to the cost of raising a child.

### PERSONAL TASTE

Choose a contraceptive that isn't unpleasant, uncomfortable or embarrassing for you.

### RISK OF HIV INFECTION AND OTHER STDs

Anyone can be infected with HIV (the virus that causes AIDS) or another STD (sexually transmitted disease).



**Abstinence (not having sex) is the only sure way to prevent pregnancy and sexual transmission of STDs.**

## NONPRESCRIPTION METHODS

of contraception include:

### THE MALE LATEX CONDOM

#### HOW IT WORKS

The condom is worn over the penis to prevent sperm from entering the vagina.



#### ADVANTAGES

A latex condom can help protect against HIV and other STDs. (Some STDs can be caused by contact with infected areas not covered by a condom.)

Latex condoms are inexpensive and widely available.

#### DISADVANTAGES

Some people are allergic to latex. Also, condoms can break or slip off during intercourse. They must be stored and used properly to be effective.

#### CONSIDER USING CONDOMS WITH ANOTHER FORM OF CONTRACEPTION

Condoms are not 100% effective—no contraception is. (Only abstinence is 100% safe!) But other methods of contraception offer little or no protection against STDs. Using condoms with another form of contraception can help protect you against both pregnancy and STDs.

Be sure to use a new latex condom properly for each act of vaginal, anal or oral sex. Remember, you can get STDs (including HIV) from anal and oral sex, too.

#### IF YOU CANNOT USE A MALE LATEX CONDOM,

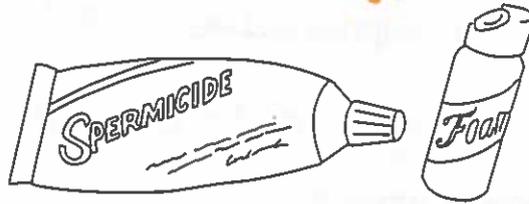
find out about polyurethane or synthetic latex male or female condoms. (See page 9 to learn more about female condoms.) Call the Centers for Disease Control and Prevention (see page 14) for more information.

## OTHER NONPRESCRIPTION METHODS

### SPERMICIDES

#### HOW THEY WORK

Spermicides are chemicals that kill sperm. They may come as foam, cream or jelly. They should be used with a condom, diaphragm or cervical cap.



#### ADVANTAGES

Spermicides are inexpensive and available in drugstores.

#### DISADVANTAGES

They must be applied just before intercourse and left in place for 6-8 hours. They can be messy.

### CONTRACEPTIVE FILM

#### HOW IT WORKS

A thin square containing a spermicide is placed high up in the vagina near the cervix. The film quickly dissolves, creating a gel that kills sperm on contact.



#### ADVANTAGES

It's easy to use, cannot be felt by either partner during sex and is not messy.

#### DISADVANTAGES

It must be inserted at least 15 minutes—and no more than an hour—before sex.

### CONTRACEPTIVE SPONGE

#### HOW IT WORKS

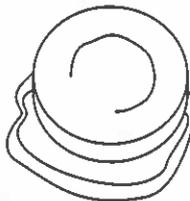
A soft synthetic sponge containing spermicide is moistened and inserted into the vagina over the cervix.

#### ADVANTAGES

It can be inserted several hours before sex and provides protection for up to 24 hours.

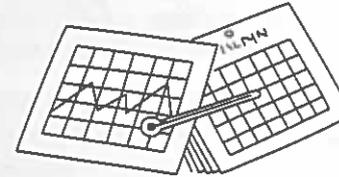
#### DISADVANTAGES

It must be left in place for 6 to 8 hours after intercourse. There's a small chance it may cause vaginal dryness or irritation, or an allergic reaction.



## NATURAL FAMILY PLANNING

Types include ovulation (Billings), symptothermal and basal body temperature (BBT).



#### HOW IT WORKS

Methods are based on temperature charts and observation of mucus and cervical changes during the woman's menstrual cycle. The fertile period is determined. During this time you must refrain from intercourse.

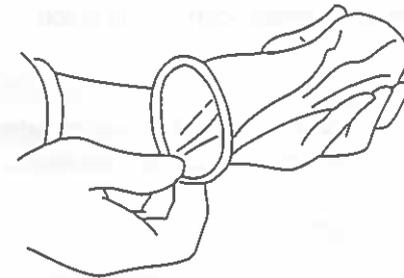
#### ADVANTAGES

Natural family planning costs little, and neither partner has to use mechanical or chemical devices.

#### DISADVANTAGES

These methods require avoiding intercourse at least 8 days each month and getting used to daily charting techniques.

## THE FEMALE CONDOM



#### HOW IT WORKS

This is a thin polyurethane or synthetic latex sheath that's inserted into the vagina to catch semen. Two flexible rings, one at each end, hold the condom in place. The outer ring remains outside the body, covering the opening of the vagina.

#### ADVANTAGES

It can be inserted several hours before sex. If you're not going to use a male latex condom, it can help protect you and your partner against STDs.

#### DISADVANTAGES

It is generally more expensive than the male condom. It may be difficult to insert.

## PRESCRIPTION METHODS

of contraception include:

### THE "PILL"

(oral contraceptive)

#### HOW IT WORKS

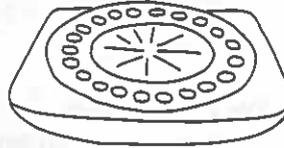
Each pill contains hormones like those produced during pregnancy. The pill's main effect is to stop ovulation.

#### ADVANTAGES

The pill may help regulate a woman's menstrual cycle. No preparation is required before sex.

#### DISADVANTAGES

The pill can cause side effects such as breast tenderness, spotting, nausea, weight gain, bloating and missed periods. There is also a form that eliminates periods.



### THE VAGINAL RING

#### HOW IT WORKS

A flexible ring is placed into the vagina, where it releases a low dose of hormones.

#### ADVANTAGES

The ring is easy to insert and can stay in place for 3 weeks.

#### DISADVANTAGES

It may cause side effects such as vaginal infections or irritation, headache, weight gain and nausea.



### THE CONTRACEPTIVE INJECTION

#### HOW IT WORKS

It works like the pill, but the hormone is injected, not swallowed. An injection is given once every 3 months.

#### ADVANTAGES

A single injection guards against pregnancy for 3 months.

#### DISADVANTAGES

It may cause side effects such as irregular bleeding, weight gain and depression. Long-term use may cause bone loss.



## THE IUD

(intrauterine device)

### HOW IT WORKS

A health-care provider inserts a small device into the uterus. It helps prevent pregnancy by affecting the sperm, egg or uterine lining.

### ADVANTAGES

It can be left in place for up to 10 years, depending on the type of IUD used.

### DISADVANTAGES

The risk of pelvic infection is increased for the first few weeks after insertion. It may cause side effects such as menstrual cramps or spotting.



## THE PATCH

### HOW IT WORKS

A thin patch is placed on a woman's body. It's replaced once a week for 3 weeks out of every 4.

### ADVANTAGES

Each patch can stay on for a week. No preparation is needed before sex.

### DISADVANTAGES

It may cause side effects such as breast tenderness, headache, skin irritation, nausea or depression.



## THE DIAPHRAGM AND CERVICAL CAP

### HOW THEY WORK

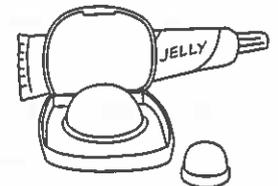
These are rubber cups that fit over the cervix, blocking the opening to the uterus. A cream, jelly or foam is used inside the cup to kill sperm.

### ADVANTAGES

A diaphragm can be left in place for up to 24 hours. A cervical cap can be left in place for up to 48 hours.

### DISADVANTAGES

- A diaphragm must be left in place for 6-8 hours after sex. It may increase the risk of bladder infections.
- A cervical cap may be hard to insert. Women must work with their health-care provider to make sure the cap fits properly.

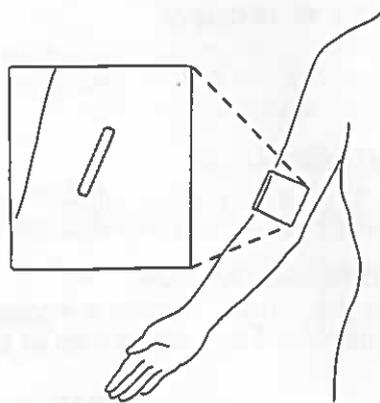


# MORE PRESCRIPTION METHODS

## THE IMPLANT

### HOW IT WORKS

A matchstick-sized, flexible rod is implanted under the skin of the upper arm. It slowly releases a low-dose of a hormone that works like the pill.



### ADVANTAGES

It guards against pregnancy for 3 years.

### DISADVANTAGES

It may cause side effects such as irregular bleeding, weight gain, headache, acne and depression.

## EMERGENCY CONTRACEPTIVES\*



### HOW THEY WORK

Depending on the type, 1-2 doses of hormone-containing pills are taken. They work by keeping a woman's egg from being released, from being fertilized, or from being implanted in the uterus.

### ADVANTAGES

Emergency contraceptives can be taken when other forms of birth control may have failed, after unprotected sex or in cases of rape. (They are not meant to be used instead of your regular method of birth control.)

### DISADVANTAGES

Emergency contraceptives must be started as soon as possible after sex—ideally within 72 hours. There may be side effects such as nausea, vomiting, or a period that is early, late or heavy.

\*Depending on a woman's age and the type of emergency contraceptive, a prescription may not be required. Ask a pharmacist for more information.

Talk to your partner about contraception before starting a sexual relationship. Both partners are responsible for preventing pregnancy.

# STERILIZATION

is a nearly 100% effective method of birth control. Since it's usually not reversible, it's not recommended for young people.



## FOR MEN

A vasectomy involves cutting and tying the tubes that carry sperm to the penis (vas deferens). This is generally done under local anesthetic in a health-care provider's office.

Sterilization has no effect on sexual desire, performance or masculinity.



## FOR WOMEN

The fallopian tubes (which carry eggs to the uterus) are cut or blocked. Depending on the procedure, this may be done:

- under local anesthetic in a health-care provider's office
- under general anesthesia in a hospital.

Sterilization doesn't affect hormone production, sexual desire or femininity.



### REMEMBER:

- Sterilization is permanent.
- Certain procedures involve some surgical risk.
- Sterilization is sometimes difficult to obtain if you're young or have no children.
- It is a serious step requiring careful consideration.



Ask your health-care provider about the risks involved before deciding on a birth control method.

## SOME QUESTIONS AND ANSWERS

Can a woman get pregnant the first time she has intercourse?

Yes! She can even get pregnant if she's menstruating (having her period), breastfeeding, doesn't "come" or just had a baby.



Is douching after intercourse an effective method of birth control?

No. Sperm move too quickly. Before you can douche, sperm are already in the uterus. Don't rely on other makeshift methods either (such as withdrawal or condom substitutes).

Who can I talk to for more information?

Your health-care provider is a good place to start. You can also contact:

- a family planning agency
- your state or local health department
- Centers for Disease Control and Prevention:
  - 1-800-CDC-INFO
  - (1-800-232-4636)
  - 1-888-232-6348 (TTY).



So—

## DON'T RISK AN UNPLANNED PREGNANCY!

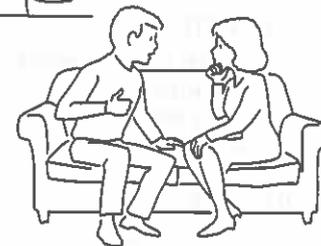
### ✓ CHOOSE A METHOD CAREFULLY

—and make sure you use it properly, every time.



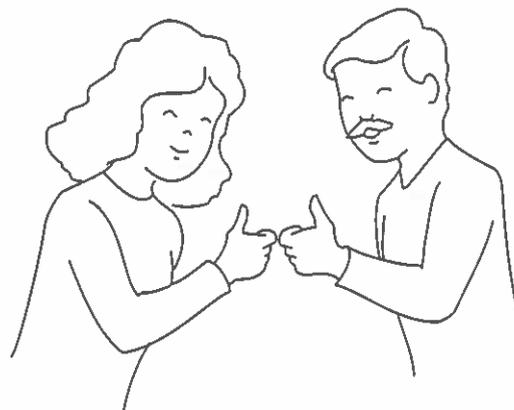
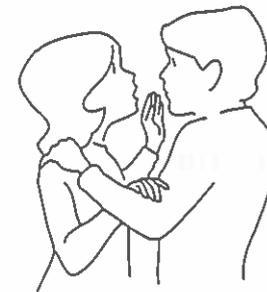
### ✓ TALK TO YOUR PARTNER

about contraception before you have sex.



### ✓ CONSIDER ABSTINENCE

—it's the only foolproof method of birth control.



How you deal with birth control today can have a huge impact on your life tomorrow!

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
DISTRICT HEALTH OFFICES

**DISTRICT I**

Northwest Public Health District I  
240 Tower Drive  
Batesville, MS 38606  
Phone: 662-563-5603

**DISTRICT II**

Northeast Public Health District II  
532 S. Church Street/P.O. Box 199  
Tupelo, MS 38802  
Phone: 662-841-9015

**DISTRICT III**

Delta Hills Public Health District III  
701 Yalobusha Street  
Greenwood, MS 38930  
Phone: 662-453-4563

**DISTRICT IV**

Tombigbee Public Health  
District IV  
732 Whitfield Street/P.O. Box 1487  
Starkville, MS 39760  
Phone: 662-323-7313

**DISTRICT V**

West Central Public Health District V  
5963 I-55 N./P.O. Box 1700  
Jackson, MS 39215  
Phone: 601-978-7864

**DISTRICT VI**

East Central Public Health District VI  
3128 Eighth Street/P.O. Box 5464  
Meridian, MS 39302  
Phone: 601-482-3171

**DISTRICT VII**

Southwest Public Health District VII  
303A Mall Drive  
McComb, MS 39649  
Phone: 601-684-9411

**DISTRICT VIII**

Southeast Public Health District VIII  
602 Adeline Street  
Hattiesburg, MS 39401  
Phone: 601-544-6766

**DISTRICT IX**

Coastal Plains Public Health District IX  
1141 Bayview Ave., Suite 102  
Biloxi, MS 39530  
Phone: 228-436-6770

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