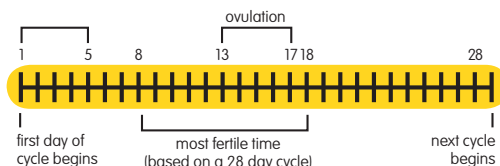


## Fertility

Lots of people do not know when a woman is most fertile during her cycle (in other words, when pregnancy is most likely to occur).

A woman releases an egg (ovulates) every month 12-16 days before the onset of her next menstrual period. This is the most fertile time of her menstrual cycle. The time that ovulation occurs within each cycle can vary. It can depend on length of the cycle and on a range of external factors over which a woman may have no control. Examples of external factors could be stress, travel or illness.

\*This diagram is based on a 28 day cycle and should only be used as a guide. For more information on fertility, talk to a GP or Family Planning Clinic.



Where women have regular, 28 day cycles, ovulation occurs around the middle of her cycle. As the egg can survive for approximately 12-24 hours and sperm may survive for between 5-7 days inside the female body, the fertile time can extend from 7-10 days each month. If a couple have sexual intercourse or intimate sexual contact during this fertile time the egg may be fertilized by a single sperm.

Many women have irregular cycles, so it can be difficult to identify their likely fertile time in each cycle. Every woman's menstrual cycle is unique to her. If a woman has sex without using contraception, she may become pregnant, even at a time in her cycle when she thought she was safe.

Please note that this is general information about fertility which does not replace medical advice. If you need further information about fertility, talk to your local GP.

### Your guide to choosing the right contraception for you.

When it comes to your sexual health, nobody else is going to do the thinking for you. It's important then to choose contraception that fits your situation and lifestyle.

In this leaflet, you'll find info on how to protect yourself and your partner from having an unplanned pregnancy and how to prevent against sexually transmitted infections (STIs). You'll also find descriptions of the main types of contraception available. Read on and then have a chat with your doctor and your partner about what's best for you. And remember, above all, to always think contraception. All the methods are very effective – and most are 99% effective – when they are used correctly and consistently.

**Remember, only abstaining from (avoiding) all sexual contact offers 100% protection from pregnancy and STIs.**

### Disclaimer

The information in this leaflet has been supplied by the Crisis Pregnancy Programme in December 2015. It has made every effort to ensure that the information is accurate before going to print. Please remember, however, that the information in this leaflet does not replace medical advice, diagnosis or treatment. If you have questions or concerns or need further information, visit your GP, pharmacist (chemist) or local family planning clinic for professional advice.

### About the HSE Sexual Health and Crisis Pregnancy Programme

The HSE Sexual Health and Crisis Pregnancy Programme is a section of the Health Service Executive that is responsible for implementing national strategies that promote sexual health and address STIs and crisis pregnancy in Ireland.

### Age of consent

The age of sexual consent in Ireland is 17 years.

### Top tips

- Think contraception before you think about having sex! Most contraception methods are 99% effective when used correctly and consistently. However, only abstaining from (avoiding) all sexual contact offers 100% protection from pregnancy and STIs.
- Different contraceptives suit different people. Discuss your contraceptive choices with your GP. You may need to experiment to find the best contraception for you.
- There are long acting methods of contraception available that can be more reliable as they do not require you to take a pill every day e.g. the coil, the implant. More young adults are using these methods of contraception nowadays. These methods can be less expensive in the long run.
- Have an STI check up and discuss contraception with your partner before you get intimate.
- Using 'dual protection' (condoms with another method of contraception) will help you to have safer sex.
- Approximately 80% of 18–24 year olds used contraception every time they had sex, so plan ahead and carry contraception.
- Be prepared – research has found that the most common reason why people fail to use contraception is because sex is unplanned or they were unprepared.
- Condoms offer the best protection from pregnancy and sexually transmitted infections (STIs) - Johnny's got you covered.

# THINK

Your guide to contraception

thinkcontraception.ie



### Intrauterine contraception (IUS and copper coil)

#### how do they work?

The IUS is a small plastic device that is put into the womb and releases the hormone progesterone. The copper coil is a small copper device that is put into the womb.

Intrauterine contraception works in several different ways - by stopping sperm from meeting the egg, by delaying the egg getting to the womb or by preventing the egg from implanting in the womb.

#### how effective is it?

This is a highly effective method (more than 99% effective).

#### things to know before choosing this method

- Works as soon as it is inserted and can stay in place for three to five years
- Can only be inserted and removed by a specially trained doctor
- The IUS may cause irregular bleeding for the first few months but after that time most women have lighter periods and often no periods. The copper coil may cause heavier periods in some women
- Does not protect against sexually transmitted infections
- It is important that you talk to a doctor who will assess what contraceptive option is best for you



### The implant

#### how does it work?

The implant is a small flexible rod that contains the hormone progesterone. It is inserted under the skin of the upper arm.

It works mainly by stopping the woman from producing an egg. It also thickens the fluid at the neck of the womb and thins the lining of the womb.

#### how effective is it?

This method is highly effective (over 99%).

#### things to know before choosing this method

- Lasts for up to three years
- Can only be inserted and removed by a specially trained doctor
- May cause irregular bleeding
- Does not protect against sexually transmitted infections
- It is important that you talk to a doctor who will assess what contraceptive option is best for you



### Progesterone-only pill: the mini-pill

#### how does it work?

This pill contains one female hormone (progesterone) and is taken every day without a break. It works mainly by preventing sperm from getting through the fluid at the neck of the womb. It may also thin the lining of the womb, which prevents an egg from implanting there and may prevent an egg being released.

#### how effective is it?

Effectiveness depends on careful and consistent use.

The mini-pill is 96-99% effective with very careful use, but it must be taken at the same time every day.

#### things to know before choosing this method

- Available only with a prescription
- Useful for women who cannot or do not want to take oestrogen
- Can be used when breastfeeding
- May cause irregular periods
- Does not protect against sexually transmitted infections
- It is important that you talk to a doctor who will assess what contraceptive option is best for you



### Injectable contraception: the hormone injection

#### how does it work?

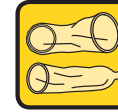
A woman receives an injection of a single hormone (progesterone) every 12 weeks. The hormone works mainly by stopping the woman from producing an egg.

#### how effective is it?

This method is very effective (over 99%) once the injection is given regularly.

#### things to know before choosing this method

- Injection must be given by a doctor or a nurse
- Useful for those who find it hard to remember to take a pill every day
- May cause irregular bleeding
- Not suitable for long term use
- Does not protect against sexually transmitted infections
- It is important that you talk to a doctor who will assess what contraceptive option is best for you



### Condom: Male and Female

#### how does it work?

This barrier method works by preventing the man's sperm from meeting the woman's egg.

The male condom is rolled onto a man's erect penis before sex.

The female condom lines the woman's vagina.

#### how effective is it?

Effectiveness depends on careful and consistent use.

With careful use, the male condom is 98% effective

and the female condom 95% effective.

#### things to know before choosing this method

- Widely available for sale without a prescription
- Helps to protect both partners from sexually transmitted infections, including HIV
- Can be used with hormonal contraceptives for additional protection
- Must be correctly and consistently used – using condoms properly requires practice
- It is important to talk to a doctor who will assess what contraceptive option is best for you



### Combined oral contraception: the pill

#### how does it work?

This pill contains two female hormones (oestrogen and progesterone) and is taken every day for three weeks of each month. It works mainly by stopping the woman from producing an egg.

#### how effective is it?

If properly used, it is over 99% effective. It is less effective with less careful use. It must be taken around the same time every day.

#### things to know before choosing this method

- Not available without prescription
- Not suitable for women with conditions such as high blood pressure, migraine or smokers over 35
- Vomiting, diarrhoea and taking some medicines such as some antibiotics can interfere with how it works
- Does not protect against sexually transmitted infections
- It is important that you talk to a doctor who will assess what contraceptive option is best for you

## STI screening

It is good sexual health practice to get an STI check regularly. Your doctor can arrange tests for you or you can visit a family planning clinic or an STI clinic.

### What happens at an STI clinic?

You will need to make an appointment for most clinics, unless they provide a drop-in service. You don't have to be referred by your GP.

The length of time that you will be at the clinic can vary. If you have no symptoms it tends to be shorter and if you have a specific problem, it may take a bit longer. STI clinics tend to be busy places and you may be waiting for a while to be seen. You will be asked questions about your sex life. Doctors and nurses working in STI clinics are there to help and they have heard it all! It's a good idea to be honest in your answers and worries - don't worry about shocking them - they've heard it all before! Then you will have a series of tests. Blood tests are used to test for HIV, Hepatitis B and syphilis. Swabs and urine are used to examine material from a discharge or an infected area.

Sometimes you will get some of your results and treatment on the same day. After you've had your tests and treatment (if necessary), you'll be told how results will be made available to you. It's important that you know how results are communicated to you. It's also important that the contact details that you give to the clinic are correct otherwise they won't be able to contact you.

## How to use a male condom

Condoms are the most common form of contraception used by 18-24 year olds. Male condoms are really effective when they are used properly. They protect against most (but not all) STIs. It takes a little practice to use one properly – here are some tips.

- Make sure you buy a good quality condom. Look for the BSI Kitemark or CE mark and check the expiry date.
- Be careful that condoms don't tear when you open the packet – don't use your teeth and be careful with long nails and jewellery.
- Put the condom on before there is any genital contact or penetration – there can be semen on the penis before ejaculation.
- Don't try to put a condom on if the penis is not hard.
- Hold the condom at the head of the penis. Pinch the top to get rid of any air and with your other hand gently roll it down over the penis.
- Use water-based lubricants if necessary – they are designed especially for use with condoms. Most pharmacies stock these products close to the condom range. Remember that oil-based lubricants (massage or baby oil, petroleum jelly) and products such as body cream can damage condoms, making them split.
- When pulling out after sex, hold the base of the condom. Be careful when removing the condom so that you don't spill any semen. There will still be semen on the penis, so keep it away from the vagina.
- Wrap the condom in a tissue and dispose of it safely and hygienically (not down the toilet).

A variety of condom types are available. If one condom doesn't feel comfortable, check out other condom options



## The patch

### how does it work?

The patch is like a thin plaster that contains two hormones (oestrogen and progesterone). A woman wears the patch for three weeks out of every four.

In this way, it works like the combined oral contraceptive pill.

### how effective is it?

This method is 99% effective when used correctly.

### things to know before choosing this method

- Available only with a prescription
- Has the same effects as the combined oral contraceptive pill
- Costs more than the pill
- Timing may be easier to remember (patch replaced once a week)
- Does not protect against sexually transmitted infections
- It is important that you talk to a doctor who will assess what contraceptive option is best for you



## The vaginal ring

### how does it work?

The ring contains two hormones (oestrogen and progesterone) and is inserted into the vagina for three weeks of every month. It works like the combined oral contraceptive pill.

### how effective is it?

This method is 99% effective when used correctly.

### things to know before choosing this method

- Available only with a prescription
- Can be inserted by the woman herself
- Has the same effects as the combined oral contraceptive pill
- Costs more than the pill
- Timing may be easier to remember (inserted once a month)
- Does not protect against sexually transmitted infections
- It is important that you talk to a doctor who will assess what contraceptive option is best for you

### Your guide to emergency contraception

If you've taken a chance or your contraception has failed, you could be at risk of getting pregnant.

#### What is emergency contraception?

Emergency contraception is a secondary method or 'back-up' contraceptive. It can be used if you want to avoid an unplanned pregnancy after you have had sex without using contraception or if contraception has failed (e.g. the condom slipped or you missed a pill). Emergency contraception is more effective the sooner you take it after having unprotected sex.

Emergency contraception does not provide any protection from sexually transmitted infections (STIs). To get advice on STI testing visit [thinkcontraception.ie](http://thinkcontraception.ie).

It's important to think about using a regular method of contraception. For information about contraceptive options visit [thinkcontraception.ie](http://thinkcontraception.ie)



Emergency contraception is more effective the sooner you take it after having unprotected sex.

### Emergency contraception facts

- Women of all ages can use emergency contraception to prevent unplanned pregnancy if they have had sex without using contraception or their contraception has failed.
- Many women who have had a crisis pregnancy did not think to use emergency contraception.
- Emergency contraception is not suitable as a regular method of contraception and it does not prevent pregnancy in every woman.
- Many women believe that emergency contraception can only be taken 3 times in their lifetimes - there is no evidence to support this.
- There is no evidence to suggest that use of emergency contraception can cause infertility.
- If you are already pregnant, emergency contraceptive pills or the coil will not work.
- Emergency contraception does not provide any protection from sexually transmitted infections after having unprotected sex.

For more information on emergency contraception visit [thinkcontraception.ie](http://thinkcontraception.ie)

### Your emergency contraception choices

There are different emergency contraception choices for different situations, depending on when you had your last period and how long it has been since you had unprotected sex.

	3 Day Pill (NorLevo® or Prevenelle®)
<b>Time limit for use after unprotected sex</b>	72 hours (3 days)
<b>Effectiveness</b>	Is 99% effective in preventing pregnancy if taken within 12 hours after unprotected intercourse. It is less effective on day 2 and day 3.
<b>Available</b>	NorLevo® is available directly from pharmacists.  Medical card holders require a prescription from a GP (including out of hours co-ops) or a Family Planning Clinic.
<b>Works by</b>	Delaying ovulation.
<b>Future protection</b>	After using emergency contraception, it's important to talk to a doctor or pharmacist about the following: <ul style="list-style-type: none"> <li>• what to do if you are already using regular contraception</li> <li>• when you can expect your next period</li> <li>• what to do if your period doesn't come</li> <li>• a regular contraceptive option suitable for you</li> </ul>
<b>Cost</b>	The cost of contraception varies depending on what form is most suitable to you, what providers are available to you and whether or not you have a medical card. Talk to a pharmacist, GP or Family Planning Clinic for more information on costs.

Emergency contraception is more effective the sooner you take it after having unprotected sex. Ask a pharmacist for a private consultation or talk to your GP or Family Planning Clinic about the best option for you. You can also use this time to discuss regular contraception. The following table will give you an outline of the choices available.

5 Day Pill (ellaOne®)	The Copper Coil (Post Coital IUD)
120 hours (5 days)	120 hours (5 days)
Is 99.5% effective but should be taken as soon as possible.	Is 99.9% effective but get advice as soon as possible.
ellaOne® is available directly from pharmacists.  Medical card holders require a prescription from a GP (including out of hours co-ops) or a Family Planning Clinic.	Can be inserted by specially trained GPs or Family Planning Clinics.
Delaying ovulation.	<ul style="list-style-type: none"> <li>• Preventing sperm from joining an egg</li> <li>• Preventing the fertilised egg from attaching to the uterus.</li> </ul>
After using emergency contraception it's important to talk to a doctor or pharmacist about the following: <ul style="list-style-type: none"> <li>• what to do if you are already using regular contraception</li> <li>• when you can expect your next period</li> <li>• what to do if your period doesn't come</li> <li>• a regular contraceptive option suitable for you</li> </ul>	Can be left in the uterus for up to 10 years as a regular method of contraception  Or  Can be removed if required at your next period
The cost of contraception varies depending on what form is most suitable to you, what providers are available to you and whether or not you have a medical card. Talk to a pharmacist, GP or Family Planning Clinic for more information on costs.	The cost of contraception varies depending on what form is most suitable to you, what providers are available to you and whether or not you have a medical card. Talk to a pharmacist, GP or Family Planning Clinic for more information on costs.

#thinkjohnny

crisispregnancyprogramme



Condoms help protect you from pregnancy and STIs

Johnny's got you covered



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



www.thinkcontraception.ie

### Free public STI screening services

**Carlow** STI Clinic.....051 842646

**Clare** STI Clinic Ennis.....061 482382

**Cork** STI Clinic.....021 496 6844

#### Donegal

Letterkenny Sexual Health Clinic (GUM).....074 9123715

#### Dublin

GUIDE Clinic, St. James' Hospital, Dublin.....01 416 2315/6

STI Clinic Mater Hospital.....01 8032063

#### Galway

Ballinasloe STI Clinic.....090 9648 372 (ext 676)

University College Hospital STI Clinic.....091 525200

**Kerry** STI Clinic Tralee.....021 4966844

**Laois** STI Clinic Portlaoise.....086 8591273

**Limerick** STI Clinic.....061 482382

#### Louth

Dundalk Louth County Hospital GUM.Clinic.....086 8241847

Drogheda Our Lady's Hospital.....086 8241847

**Mayo** STI Clinic.....094 9021733 (ext 3501)

**Monaghan** General Hospital GUM Clinic.....086 8241847

**Sligo** GUM Clinic.....071 917 0473

#### Tipperary

Clonmel STI clinic.....051 842646

Nenagh STI Clinic.....061 482382

**Waterford** STI Clinic.....051 842646

#### Westmeath

Mullingar Midland Regional Hospital.....086 4169830

### Unplanned pregnancy?

Freetext the word 'list' to **50444** or visit **positiveoptions.ie** for a list of free support services.

### Make the right choice for you

It is your right to decide when, with whom, how and where you want to have sex.

It is your right to make your own choices.

It is your right not to engage in sexual activity.

It is your right to protect yourself from pregnancy and disease.

It is your right to enjoy yourself.

**Only you can protect yourself from unplanned pregnancy and STIs, so make sure you know your stuff and look after yourself.**

#### Facts

- Fact:** You can get pregnant even if it's the first time you have had sex.
- Fact:** A woman can get pregnant if the man comes near or around her genitals or even if he pulls out before he comes.
- Fact:** In 2014, a total of 12,626 cases of sexually transmitted infections (STIs) were notified in Ireland (adapted from HPSC, 2014).
- Fact:** The most frequently reported STIs were chlamydia, genital warts, gonorrhoea and genital herpes (adapted from HPSC, 2014).
- Fact:** The majority of STIs notified were among those aged less than 25 years and men who have sex with men (MSM) (adapted from HPSC, 2014).

### Sexually transmitted infections (STIs)

**Condoms offer protection against most STIs, but only total abstinence from all sexual contact offers 100% protection from pregnancy and STIs.**

Get advice from your doctor, a family planning clinic or an STI clinic if you are worried about STIs or are sexually active and notice any of the following symptoms:

- unusual discharge from penis or vagina,
- pain when passing urine,
- unusual sores or blisters in the genital area,
- itching or irritation in the genital area, or
- pain during sex.

Once diagnosed, most STIs (except for HIV) can be cured with treatment. But make sure you get treatment early, as some infections can have long-term effects.