**Family Planning:**

**Deciding If or When To Have Children**

**MY NEXT STEPS**

Provider appointment (if applies):
- Date: ____________   Time: ____________
- Provider: ______________________________
- Place: _________________________________
- Phone #: ______________________________

How will I get there? (circle)
- a) Drive myself
- b) Have a friend or family member drive me
- c) Public transportation
- d) Other: ______________________________

What support might I need to get to my appointment? (circle)
- a) Transportation
- b) Childcare
- c) Work
- d) Other: ______________________________

What if I can’t make my appointment?
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

**RESOURCES**

- Find a local health provider in your area: https://opa-fpclinicdb.hhs.gov/
- Find a health center: https://ncchca.site-ym.com/page/FindCHC
- NC Free Clinics: http://ncafcc.org/
- For more information about birth control methods (including emergency contraception) and other sexual health topics, visit: www.bedsider.org or www.fpntc.org
- For more information about Preconception Health visit: https://everywomannc.org/ or call 919-781-2481
- Department of Health and Human Services Customer Service Center can assist in finding programs and people to help you. Call 1-800-662-7030

www.ncdhhs.gov
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Adapted from D. Rinehart et al., NIDA R34DA039381 Developing and testing the feasibility, accessibility and initial efficacy of a brief peer led intervention to improve reproductive health among women in opioid medication-assisted treatment-“SHINE” study.
**WOULD YOU LIKE TO BECOME PREGNANT IN THE NEXT YEAR?**

**FAMILY PLANNING METHOD**

<table>
<thead>
<tr>
<th>Method</th>
<th>How Long It Lasts</th>
<th>I Would Need To Do The Following</th>
<th>I Would Need To Think About</th>
<th>Risk of Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEVER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization (female or male)</td>
<td>Permanent</td>
<td>• See my provider</td>
<td>• If I want to get pregnant in the future, this is not a good method</td>
<td>Less than 1 in 100</td>
</tr>
<tr>
<td>Abstinence* (female and male)</td>
<td></td>
<td>• Not have sex right now</td>
<td>• Having a lot of self-control in order not to become pregnant</td>
<td>0 in 100</td>
</tr>
<tr>
<td>IUD (hormonal or hormone-free)</td>
<td>3-10 years</td>
<td>• See my provider</td>
<td>• Hormonal: Sometimes causes irregular bleeding or no bleeding</td>
<td>Less than 1 in 100</td>
</tr>
<tr>
<td>Implant</td>
<td>1-3 years</td>
<td>• See my provider</td>
<td>• Sometimes causes irregular bleeding or no bleeding</td>
<td>Less than 1 in 100</td>
</tr>
<tr>
<td>The Shot (female)</td>
<td>3 months</td>
<td>• See my provider every 3 months</td>
<td>• Sometimes causes changes in bleeding and/or increases feeling hungry</td>
<td>6 in 100</td>
</tr>
<tr>
<td>Ring (female)</td>
<td>1 month</td>
<td>• Insert a ring into my vagina every month</td>
<td>• Sometimes causes headaches, breast tenderness, nausea, or increase risk of blood clots</td>
<td>9 in 100</td>
</tr>
<tr>
<td>Patch (female)</td>
<td>1 week</td>
<td>• Place a patch on my skin every week</td>
<td>• Sometimes causes headaches, breast tenderness, nausea, or increase risk of blood clots</td>
<td>9 in 100</td>
</tr>
<tr>
<td>Pill (female)</td>
<td>1 day</td>
<td>• Take a pill every day at the same time</td>
<td>• Sometimes causes headaches, breast tenderness, nausea, or increase risk of blood clots</td>
<td>9 in 100</td>
</tr>
<tr>
<td>Diaphragm (female)</td>
<td></td>
<td>• Use with spermicide EVERY time I have sex</td>
<td>• Must be used correctly EVERY time you have sex to be effective</td>
<td>12 in 100</td>
</tr>
<tr>
<td>Condom* (male or female)</td>
<td>1 time</td>
<td>• Use EVERY time I have sex</td>
<td>• Must be used correctly EVERY time you have sex to be effective</td>
<td>18 in 100</td>
</tr>
<tr>
<td>Pulling out* (male)</td>
<td></td>
<td>• Male withdraws before ejaculation</td>
<td>• Female partners have no control over pulling out</td>
<td>22 in 100</td>
</tr>
<tr>
<td>Rhythm method/Fertility awareness* (female)</td>
<td></td>
<td>• Track my fertile days each month</td>
<td>• May be difficult to determine the fertile time of the month</td>
<td>24 in 100</td>
</tr>
</tbody>
</table>

**NOT IN THE NEXT YEAR**

- Abstinence*: Not have sex right now
- Condom*: Use EVERY time I have sex
- Sterilization*: Talk to your healthcare provider about preparing for a healthy pregnancy.
- The Pill*: Take a pill every day at the same time
- Condom & abstinence are the only methods that protect against STDs.

**MY PLAN**

Today’s Date: __________________________

Do you already have a child or children?  
☐ Yes  ☐ No

If yes, did you/partner give birth in the last year?  
☐ Yes  ☐ No

Do you want a child in the next year?  
☐ Yes. Talk to your healthcare provider about preparing for a healthy pregnancy.  
☐ No. Talk about Family Planning options.  
☐ I don’t know. Talk about Family Planning options and preparing for a healthy pregnancy.

*How will I talk with my partner(s) about this method?

Talk to your healthcare provider about conception health and how to have a healthy pregnancy.