

# *Sisters in Control*

**Black Women for Wellness**  
*in Collaboration with the*  
**California Women's Law Center**

*Presents:*

## *Sisters in Control*



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## **Acknowledgments**

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### **About CWLC**

The California Women's Law Center (CWLC) works to ensure, through systemic change, that life opportunities for women and girls are free from unjust social, economic and political constraints. CWLC focuses its efforts on four main priority issue areas: Reproductive Justice, Women's Health, Violence Against Women, and Sex Discrimination. CWLC believes that lasting change is only possible when women and girls are empowered to be their own best advocates.

### **Black Women for Wellness' Mission**

- Black Women for Wellness believes in preventing illness through education, self-empowerment, mutual support, rites of passage, and celebrations based on traditions created by Africans around the world.
- Black Women for Wellness is building a healthy community by looking within to cultivate motivation, strength, and dedication.
- Black Women for Wellness works to end the historical patterns and practices of institutional racism and dangerous lifestyle patterns that perpetuate illness and disease in our communities.
- Black Women for Wellness consciously made a decision to use the term Black, we use and define Black women as an inclusive term, for all women of African descent, whether born in the United States, in the Caribbean, Europe, on the continent of Africa or in the Pacific Islands.

The authors of this guide are not physicians, and the ideas, procedures, and advice in this guide are intended to supplement, not replace, the medical and legal advice of trained professionals. All matters regarding your health require medical supervision. Consult a health practitioner before adopting the medical suggestions in this guide, as well as about any condition that may require diagnosis or medical attention. The authors and publishers disclaim any liability arising directly or indirectly from the use of this book.

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## **PURSUING REPRODUCTIVE JUSTICE WITHIN OUR COMMUNITIES**

The California Women's Law Center works to ensure that life opportunities for women and girls are free from unjust social, economic and political constraints. An important part of this mission is to pursue and achieve reproductive justice for all women, especially women of color, immigrant and young women.

Reproductive Justice, at its most basic, is a woman's right to control her own body. But this right involves so much more than the freedom to have (or not to have) children. Reproductive Justice includes access to equitable reproductive health services, including access to pap tests and pre-natal care, access to comprehensive, accurate and unbiased and culturally competent reproductive health information, including information about contraception, family planning and sexually transmitted diseases, and the freedom to exercise these rights regardless of who you are or how much money you have. Reproductive Justice will not be achieved until women and girls have the physical, mental, political, economic and social well-being and resources to make healthy decisions about their own bodies, sexuality and reproduction.

The Law Center's goal is to empower women and girls to advocate for these basic rights - both as individuals and as integral members of a larger community. ***Sisters in Control*** is but one step in this important endeavor. Before women can enforce their rights and freely access available reproductive health services - and achieve reproductive justice - they must first know their rights.

Fortunately, California has the strongest reproductive rights laws in the nation - even broader and more protective than those provided under the United States Constitution. The California Constitution states that you have an explicit right to privacy. This right to privacy includes the right to control your own body. It gives you the freedom to make your own reproductive choices about everything from birth control to the right to bear a child or have an abortion.

California also has other good laws that protect your reproductive rights. Through Medi-Cal, a federal and state sponsored health insurance program, women with limited resources and low-incomes have access to reproductive health services at little or no cost, including access to birth control, pre-natal care and abortions. California also requires private health insurance plans that offer prescription drug coverage to also provide coverage for prescription birth control methods and requires hospitals to provide linguistically appropriate reproductive health services to patients with limited English proficiency.

Despite these laws, many women in California still have problems accessing basic reproductive health services. This is particularly true for women of color, immigrant and young women. ***Sisters in Control*** is the first of five community projects developed by the Law Center to begin to address this problem. The projects are based on focus group discussions with women from these communities who were asked to share their experiences in accessing reproductive health services and to give voice to the specific reproductive health needs of their communities. ***Sisters in Control*** is a product of these focus groups and was created to provide culturally and linguistically competent reproductive health information that is specifically tailored to meet the needs of the African-American community.



## SISTERS IN CONTROL

### INTRODUCTION

Black Women for Wellness loves Black people and we look forward to future generations of our beauty, culture, knowledge, ingenuity and contribution to the world. Our future begins with womb health and knowing how to preserve and enhance our reproductive health and well-being. By focusing on reproductive health challenges and solutions for African-American and Black women, we wish to contribute to the health of our community, the strength of our culture and hold sacred the space where our futures are created.

As part of this mission, Black Women for Wellness has collaborated with the California Women's Law Center to create ***Sisters in Control*** - a reproductive health guide specifically written for African-American and Black women. The purpose of the guide is to help women make better, more informed decisions about our reproductive health, increase our awareness of and access to reproductive rights and serve as an unbiased resource in strategizing and planning for our reproductive future.

Although ***Sisters in Control*** is specifically targeted at women who are seeking to take control of their lives, pursue their dreams and recognize that they are sexual beings, we know that this is not every woman - and that's all right. This guide includes information that *every* woman can use, wherever she may be in life's great journey. It is also for men who hold the women in their lives sacred and crave a bit of information about women's bodies.

### When and Where We Enter

In her book, *When and Where I Enter*, Paula Giddings provides a detailed account of the African-American experience in the United States. Our history is unique. Since 1607, the arrival of enslaved Africans resulted in centuries of forced, back-breaking labor, rape, and inhumane, unequal treatment. Not surprisingly, basic health needs, like proper nutrition and adequate medical care, were not part of the African-American "experience" for several hundred years.

Unfortunately, this history of deprivation and inequality continues to affect and shape the health status of African-Americans today. The conditions during slavery, the subsequent Jim Crow era and continuing racism are all linked to present day disparities in the health status between Black and White Americans. African-Americans, across the socio-economic spectrum, have poorer health outcomes compared to their White counterparts. For example, African-Americans still live an average of six to seven years less than Whites.<sup>1</sup> Black mothers have the highest infant mortality rates - Black infants die at more than twice the rate of White and Hispanic infants.<sup>2</sup> The fertility rate of Black women has declined 54.3% in the last 60 years.<sup>3</sup>

Black Women for Wellness believes that it is important to understand this history and background. Insight from our past will help us to achieve better health outcomes in the future. Our historical note is simply that, not the beginning, certainly not the end, but an important note to share with you about our philosophical perspective and how this information guide comes to you. It is why we believe that cultural competency and knowing our history, particularly our medical history, is imperative to improving and enhancing our health status. Black Women for Wellness is on a mission to enhance the health and well-being of Black women and to preserve our wombs so that we can bring healthy, future generations to life.

### **Definitions**

According to the World Health Organization, **reproductive health** means having a satisfying and safe sex life with the ability to reproduce and the freedom to decide if and when to do so. Implicit in the last condition is your right to be informed and to have access to safe, effective, affordable and acceptable methods of birth control. Reproductive health also includes a woman's right to have access to appropriate healthcare services that will enable her to go safely through pregnancy and childbirth.

**Family planning** means the ability of individuals and couples to anticipate and attain their desired number of children, including the spacing and timing of their births. It includes factoring in all the goals, objectives, and people in your life, plotting a path and controlling your fertility. Family planning revolves around the central question: Do I plan to have children at some point in my life? Depending on your circumstances, you might be thinking of having a child in the near future or waiting several years. Or, you might not want to have any children at all. Whatever the case, it's always good to be fully informed as to your options.

**Birth control** is the specific strategy you choose to control your fertility and determine if and when you want to become a parent.

### **FOR YOUR CONSIDERATION**

Listed below are questions to consider when making decisions about family, reproduction, birth control and life as you experience it. These questions were derived from discussions with real women, from stories we heard in our work and from our own life experiences. This is not a test - it's simply food for thought; a tool to help you make better, more informed decisions about your life based on who you are.





***Do you plan to have children?***

This is a question that society, religion, partners, family and even the government are eager to influence and control, whether or not you seek their input. It is, however, your body and ultimately, *your* decision. We start with this question because it impacts all your other choices. If your answer is yes and you do plan to have children, then family planning is important. If your answer is no, and you are absolutely sure, other options could be considered. If you are unsure or undecided, you need to keep all of your options open.

***Are you a “good girl” or a “bad girl”?***

Do you feel awkward about carrying around birth control? Do you think planning for sex suggests that you’re a “bad girl”? The media, fueled by racist stereotypes, has created a world that associates virginity and purity (white) with “good girls” and promiscuity and sexuality (black) with “bad girls.” African-American and Black women are often viewed as “bad girls” and stereotyped as highly sexualized women. We, as Black women, spend our time trying to deny and combat these negative stereotypes, which often causes us to ignore or repress our own sexuality or to think about it only in very specific circumstances. This has led to a profound silence within our community regarding issues of sex and sexuality. This collective silence has come with a very high price - it has allowed sexually transmitted diseases, including HIV and AIDS, to infiltrate and take hold of our community in numbers that are disproportionate to those in other communities.

***How do your religious values influence your sexuality?***

Every religion holds specific views about sex and sexuality. For example, many Christians have been taught that masturbation is wrong. If you were taught this, how comfortable are you with touching yourself to insert a barrier method of birth control? Or maybe you were taught that all forms of birth control are taboo and to be avoided or that a woman should only have sex if she is married. It is important to know your religious values when making reproductive health choices. Most African-American and Black women hold spiritual values, which are different from religious values. By sorting these things out, you can help yourself to make better reproductive choices that work for you - guilt free.

***What is your sex life like?***

How often are you having sex? If the answer is “not often,” you may not want to choose a method of birth control, such as the pill, where you have to take some sort of action every single day. The pill may also not be a good choice for you if you have a hectic lifestyle and it would be difficult to remember to take a pill every single day. Are you or your partner having sex with more than one person? If so, a barrier method of birth control may be best for you because these methods can limit the transmission of bodily fluids and infections. It is important to ask yourself these basic lifestyle questions because your answers can reveal significant insights into the types of birth control methods that are best for you.



***Is your choice of birth control influenced by your partner?***

For some men, sex with no barriers is seen as a sign of intimacy; a way for a woman to prove her love and commitment to the relationship. For others, birth control is simply too bothersome. Many men report that they don't like condoms, the ring gets in the way or that too much is going on with spermicides. Will your partner be able to convince you not to use the condom, just this once?

For many of us, our partners can greatly influence our decisions about birth control and it is important to acknowledge this fact. You need to consider just how much influence your partner has on your decisions, the consequences of giving into his wants and desires, and most importantly, whether you can live with those consequences. If the consequences are unacceptable (e.g., getting pregnant or exposure to sexually transmitted diseases), you need to develop a back-up plan.

***What if you don't want to have children?***

If you know for sure that you don't want to have any children, then you might want to consider birth control options that are permanent. It is much simpler - medically - for a man to have a vasectomy than for a woman to get her tubes tied (i.e., tubal ligation). But many men are afraid, reluctant or down-right hostile to altering their ability to have children because they believe it affects their "manliness." However, this may also be an issue for women. Would you still feel "womanly" if you chose a permanent form of birth control that affects your ability to have children? There are many important issues to consider before choosing any permanent forms of birth control.

***Are you using sex as a bartering tool?***

Black Women for Wellness has heard of young women who are in relationships in exchange for peace or protection from other violence in our communities. We know of many women, both single and married, who trade sex for financial security or just to have a man around to repair and upkeep the home. And yes, we also know of women who use sex to keep their jobs, to hold leverage over men and as a means of social climbing. What type of birth control is most appropriate in these circumstances?

What about women for whom sex is their livelihood? What are important considerations in this situation? For example, if you are working as a prostitute, you might earn more money if you agree to have sex with no obvious form of birth control. In this case, you would need a "stealth" form of birth control - something that you can keep a secret. But keep in mind that only barrier methods, such as condoms, will protect you from sexually transmitted diseases and HIV/AIDS.



### ***Are you in a trusting and safe relationship?***

For too many, unfortunately, the answer is no. Many women are currently in relationships with a partner who is abusive. Remember, abuse is more than simply physical. It can be emotional, mental and spiritual as well. A key early warning sign of an abusive, unhealthy relationship is a partner that seeks to isolate you, limits your ability to see your family and friends and creates tension or conflict in your personal relationships. Other warning signs include shouting or cursing at you, hitting or breaking things, threatening you (or your family and friends), being suspicious of you and hurting you physically or emotionally.

If you are in an abusive relationship, you need to consider how your relationship can affect your choice of birth control. For example, for some women, even the type of birth control they choose can trigger abuse from their partner. If this describes your situation, you may want to choose a birth control method that you can keep secret from your partner, such as hormonal shots.

### **CHOOSING TO HAVE CHILDREN**

Every woman has the right to enjoy the magic, mystery and miracles of motherhood to their fullest extent. This is what is known as Reproductive Justice - being able to choose to have children or not to have children and the freedom to make this decision.

Society bombards women, especially African-American and Black women, with many negative messages about having children. As teens, we are told that we are too young; in our twenties, we are told to finish school and travel; in our thirties, we are told to focus on our careers; and in our forties, we are told that we are too old. In addition to these negative messages, we might also have some fears and concerns of our own. We may worry about bringing a child into a world that is still plagued by ongoing racism or worry that the injustice and inequality experienced by our ancestors will continue to be “passed on” to our children.

In spite of it all, many African-American and Black women have made the conscious decision to become parents. Black Women for Wellness applauds these brave women. As a Black woman, choosing to have children in today’s society is indeed an act of hope, faith and courage. To each African-American and Black woman who wants to bear light - to bring a child into our world - **welcome.**

***Sisters in Control*** is here to help you get ready for this incredible journey - whenever it may be. Preparing for this event can be a very rewarding experience - physically, mentally and spiritually. Think of childbearing as a twelve-month experience: three months to get your mind, body and spirit ready, followed by nine months of actual pregnancy.

## **FAMILY PLANNING: BEYOND THE BODY<sup>4</sup>**

The focus of this guide is on womb health and how best to protect, preserve and prepare your body for your future family - however you define it. But family planning is more than just thinking about your physical health and well-being. It is much broader and entails thinking about other aspects of your life as well, including how mentally or emotionally prepared you are to have a child, the social supports in your life and your financial health. All of these factors also impact how prepared you are to bring a child into this world and should be carefully considered *before* you become pregnant. So, before we focus on the body, consider the following:

### **Prepare Your Mind**

Ideally, childbearing occurs when a woman has a strong and healthy mind and spirit. Do you feel emotionally and spiritually prepared to have a child? Ask yourself this simple question: Why do you want to have a child? Is it something that *you* truly want to do or something that *others* want you to do? If the desire to have a child is coming from within you (and not others), are you clear about the source of your desire? Sometimes, women who are unhappy with their life or have problems in their personal relationships want to have a baby because they think that a baby will solve their problems. Unfortunately, a baby will only complicate and magnify whatever problems already exist in your life. Therefore, if your desire to have a child is to fill a void or fix a problem, you may not be ready for this journey at this time and perhaps you should reconsider. On the other hand, if your desire to have a child is coming from within and you are emotionally and spiritually prepared to enjoy the magic and mystery of motherhood, we welcome you to join in the miracle.

### **Develop Your Village**

Preparing for pregnancy also includes developing your “village” - or the network of family and friends who will support you in your journey through pregnancy and parenthood. Remember, it *does* take a village to raise a child. Just knowing that there are others around who can help and support you through your journey will bring you added peace of mind and spiritual energy.

So step back and take inventory. What kind of support network do you have? This question becomes particularly important if there’s a possibility that you will be raising this child without the father’s help. Do you have a solid base of family and friends who can help with practical needs like child care? Whether you are a single parent or a couple, everyone benefits from a good support system.

### **Secure Your Financial Health**

Bringing a child into this world is indeed a miraculous experience but it can also be expensive. Therefore, before you become pregnant, you should take a good look at your financial health. A key requirement during (and after) pregnancy is access to quality medical care. Do you have health insurance to cover these costs? If not, look into whether you qualify for any low-cost or free pre-natal and pregnancy care health services (see the Reading & Resources section for more information). If you do have health insurance, find out what your health plan does and does not cover.

Having a child entails many other financial obligations and expenses as well. Are you and your partner ready to meet these new challenges? Do you have stable incomes? This helps tremendously in supporting a new family. If you're still in school, have you considered how having a baby might change your educational plans? If you are currently employed, how will a new baby impact your work life? Does your employer provide any maternity benefits? Preparing for childbearing definitely requires taking a good, long look at your finances and considering these and many other questions.

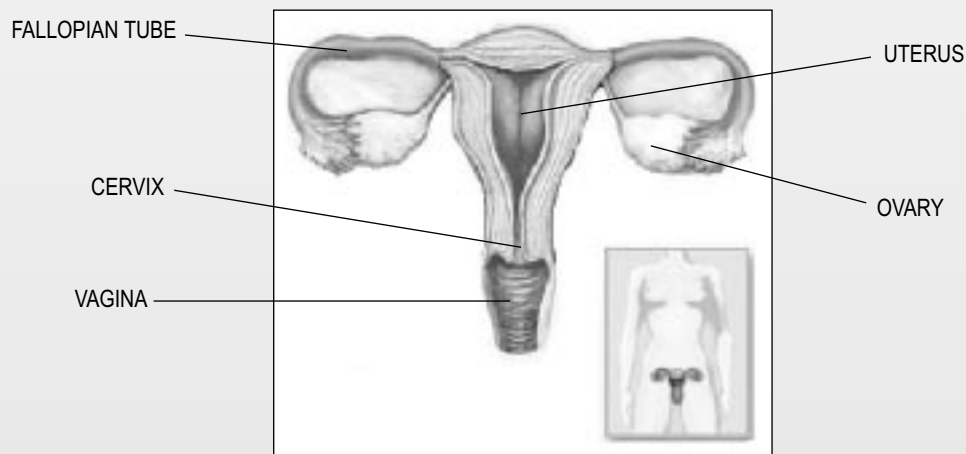
### **FAMILY PLANNING: THE BODY**

Whether you intend to have a child soon or several years from now, it's important to have a plan of action. Remember, childbearing begins with womb health. Your body will be the temple where your child is created. Many of us forget this fact and go through life simply focused on how *not* to become pregnant until we're ready to have children. However, the focus should actually be on how to *maintain and preserve* our fertility - how prepared our body is to create new life - until we are ready to have children.

Even if you're unsure about having a child or know that you don't want one, you should still have a plan of action to keep your options open or to prevent unplanned pregnancies. African-American women have the highest rates of unintended pregnancies in the U.S. Unintended doesn't necessarily mean unwanted, but it does mean unprepared, which can cause unnecessary stress and difficulty for you and your baby.

There are many different factors that can affect your fertility, such as your age, your health, the environment, your medical history and even the type of birth control you use. Many of these factors are within your control. In other words, the actions you take (or don't take) today can directly affect your fertility and ability to have children in the future. In fact, there are many simple things you can do to dramatically *increase* your chances of getting pregnant. Living a healthy lifestyle, eating right and regular doctor visits are just some of the basics.

The following sections provide important information that will help you to increase your fertility and your overall health. It is intended to help you develop a plan that is tailored to fit your needs and lifestyle and help you to get ready to bring a child into this world.



### **Now How Does This Work Again?<sup>5</sup>**

For those of you who are a little hazy on the details, here's a quick review on how we get pregnant. A woman has two ovaries, one on each side of her uterus (or womb). The uterus has two fallopian tubes that reach out towards each ovary. Every month, the ovary releases an egg (called ovulation) and the uterus builds up its inner lining of tissue to receive the egg. The egg gets swept up into one of the fallopian tubes. During intercourse, when a man ejaculates inside the woman's vagina, his sperm travels through the cervix and uterus to the fallopian tubes. If the egg should meet any sperm inside the fallopian tube, it can be fertilized. If the egg is fertilized, it will move through the tube into the uterus, attach itself to the uterine wall and grow into a fetus. If the egg does not meet any sperm (*i.e.*, no egg is fertilized), the uterus breaks down the extra lining it had built for the egg and flushes it out - this is when you get your period. Then the whole process starts all over again. (See page 10 for diagram)

### **Getting Off Birth Control<sup>6</sup>**

It may seem odd, but if you want to get pregnant, one of the first things you need to think about is what type of birth control you're using. That's because different types of birth control can affect your fertility in different ways. Some hormonal types of birth control (such as the Pill or the Depo-Provera shot) can affect your fertility because they prevent or change your natural ovulation cycles. When you stop taking hormonal contraceptives, your cycles will eventually return to normal. However, the length of time this process takes varies tremendously among women. For some, it is almost immediate. But for most, there is at least a short delay.<sup>7</sup> For example, if you have been using the Depo-Provera shot as your form of birth control, it may take many months before you are fertile again and can get pregnant.

On the other hand, a barrier form of birth control (such as the condom, diaphragm or cervical cap) does not affect your fertility because it does not stop you from ovulating; it just stops sperm from reaching your eggs. As soon as you stop using a barrier form of birth control, you have the potential to get pregnant.

So, if you plan to have a baby soon, consider the type of birth control that you're currently using. If it is a method that could potentially delay your fertility, you may want to try a different method.

### **Pre-Pregnancy Check-Up<sup>8</sup>**

It's important to have a pre-pregnancy check-up to evaluate your health and to start planning for your pregnancy. If you already have a doctor or nurse practitioner that you trust, you're one step ahead of the game. If not, now's the time to find one. If you have health insurance, contact your insurer to find out which healthcare providers are covered by your plan. If you don't have insurance, find out if you qualify for low-cost or free health programs, such as Medi-Cal or Family P.A.C.T., which pays for many pregnancy-related services and treatments. You should also look into community clinics as well as public and private hospitals, which often provide low-cost or free medical services to eligible individuals.<sup>9</sup> Refer to the Reading & Resources section at the end of this guide for more information.

### **What kind of doctor should I see?**

A family practice doctor or an obstetrician/gynecologist (usually called an OB/GYN) can provide pre-pregnancy check-ups. However, you don't need to limit yourself to doctors. An OB/GYN nurse practitioner or a certified nurse mid-wife (CNM) can also provide pre-pregnancy check-ups. In fact, nurse practitioners and midwives may often be the better choice, especially for initial or routine check-ups. This is because they can usually spend more time with you than can doctors. Midwives are often praised for the level and quality of attention that they provide to women (both in pre-natal care and during the birth).<sup>10</sup> Some women see both a doctor (typically an OB/GYN) AND a nurse practitioner or CNM for their pre-natal care and delivery.

At a pre-pregnancy check-up, you will be asked about your family and medical history (including any prior pregnancies), your partner's family and medical history, any medications you are currently taking, and your lifestyle. It's important to be honest during this visit and to share as much information as possible with your doctor or nurse/midwife. The more they know about you, the better they can assist you to have the healthiest pregnancy and childbirth possible. If you are taking any medications, for example, write down the names and dosages before your appointment and take that information with you.

You should also come to the visit prepared with questions. Don't let the doctor (or whoever you're seeing) do all the asking - you need to ask some questions as well. For example, you might want to ask them about their training and experience, the number of babies they deliver in a year, the number of cesarean or C-sections they perform and how they decide when to perform them, and how they handle urgent questions or emergencies.

And last but not least, beginning with that very first visit, you want to establish a good relationship with your doctor or nurse/midwife. Many women have negative experiences with healthcare providers who don't listen or who treat them disrespectfully. Remember that you are the captain of your healthcare team. Anyone else you invite to join your team must make themselves useful. If your doctor or nurse/midwife doesn't listen to you or take the time to work with you, find someone else who will. You are important - to yourself, your baby, and many other people - so taking good care of yourself is a top priority.

In the U.S., most people who have the sickle cell trait are of African decent. It is very important that you and your partner get tested for sickle cell. If you are both carriers of this trait, your baby has a 25% chance (1 in 4) of having the sickle cell disease. Knowing this information ahead of time will help you, your partner and your doctor discuss the risks.

## **PRE-PREGNANCY HEALTH: WHAT TO LOOK OUT FOR<sup>11</sup>**

There are a number of diseases or conditions that can seriously injure our reproductive systems and cause us to become infertile if left untreated. Many of these are transmitted sexually and have no outward symptoms, so we may have it but just don't know it. The key is *always* to practice safe sexual practices. This means we should limit the number of sexual partners we have, use condoms or other barrier methods every time we have sex and get regular medical check-ups and physical examinations. Discussed below are just some of the conditions that can cause serious damage to our reproductive systems.

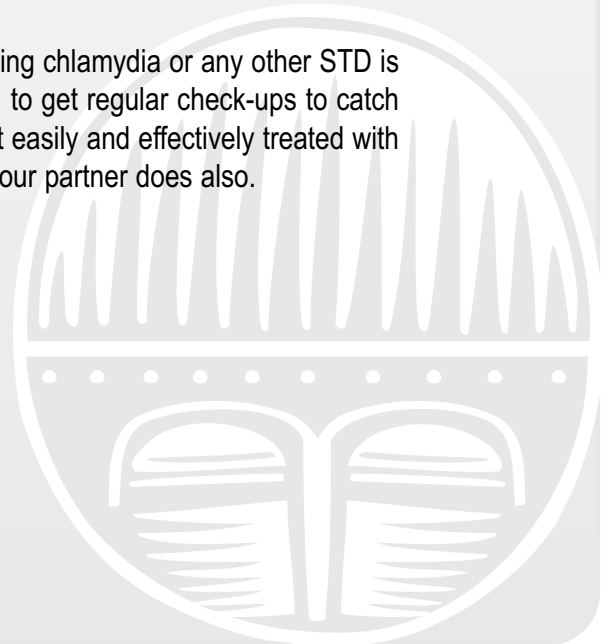
An **ectopic pregnancy** is an abnormal pregnancy that occurs when the fertilized egg attaches to some other part of your body instead of where it should be - inside your uterus. The most common site for an ectopic pregnancy is within a fallopian tube. However, in rare cases, ectopic pregnancies can occur in the ovary, the stomach area and the cervix. An ectopic pregnancy must be treated either medically or surgically. Without treatment, the area of the abnormal pregnancy will rupture and cause serious damage. An ectopic pregnancy cannot continue to term (birth); it will end either by treatment or rupture.<sup>12</sup>

## **SEXUALLY TRANSMITTED DISEASES (STDs)<sup>13</sup>**

STDs can scar our reproductive systems and cause infertility in both women and men. Twelve million new cases of STDs are reported every year and about 12.5% of these infections will lead to infertility after a single episode. Seventy-five percent of people will be left infertile after three infections. In some cases, the damage caused by an STD is irreversible - the damage is done before we even know that anything is wrong.

Chlamydia, a bacterial infection that you can get from vaginal, anal or oral sex, is the most common STD in the United States. Unfortunately, this is also the most common STD for African-American women in the U.S.<sup>14</sup> This holds true locally as well: in South Los Angeles, in 2004 African-American women had the highest number of Chlamydia cases, a rate of 1,200 cases out of every 100,000 people in the population, according to the California Department of Health Services.

The best way to protect our fertility and minimize our risk of getting chlamydia or any other STD is to practice safer sex when we're not trying to get pregnant, and to get regular check-ups to catch any infections at the earliest stage possible, when they are most easily and effectively treated with antibiotics. Remember - if you need to be treated for an STD, your partner does also.



## **HIV & AIDS**

African-American and Black women are the fastest growing HIV/AIDS impacted community. Among women, the majority of new HIV infections are contracted by African-American women. This is why it's so important for us to be aware of our risks and take action to protect ourselves.

No form of sex is totally safe, except for total abstinence (having no sex at all - not a thrilling option for most of us). In real life, safer sex is a question of degree. Barrier methods of birth control will keep you the safest, as long as you use them every single time you have sex. A factor that affects our risk level is the number of sexual partners we have and the number of sexual partners our partner has. The more partners either one of us has, the greater our risk. That said, remember that you could have sex with just one man in your life and still get infected. Other factors that affect our risk level are exposure to other sexually transmitted diseases, as well as the strength of our immune system.

There's a larger issue at work here as well. Health care and birth control have become separated in our society and women are paying the price. This means that you need to take the initiative in your health care. Whichever form of birth control you choose to use, it is essential that you get regular check-ups with a gynecologist. If you're at all sexually active, you need to get regular well-women check-ups (at least once a year) with an Obstetrician-Gynecologist (OB-GYN) or a nurse practitioner in an OB-GYN office. This exam should include screening for STDs, HIV/AIDS, and a pap smear. If the doctor discovers any infections, you need to do three things: notify your partner immediately, because he needs to get checked and treated; follow the treatment your doctor has prescribed; and have no sex with your partner until you have both completed your treatments. In this way, you will be able to prevent and/or treat any infections that could lead to serious illness.

## **PELVIC INFLAMMATORY DISEASE<sup>15</sup>**

Pelvic inflammatory disease (PID) is a general term that refers to infection and inflammation of one or more of our pelvic organs - *e.g.*, our uterus, fallopian tubes, ovaries and other organs related to reproduction. The scarring that results on these organs can lead to infertility, ectopic pregnancy, chronic pelvic pain and other serious problems. PID is the most common *preventable* cause of infertility in the U.S.

PID is caused by a bacterial infection. Normally, our cervix acts as a protective barrier, preventing bacteria from getting inside the upper pelvic region. But when the cervix is invaded by a STD or dilated (opened) for any reason, bacteria can enter and do a lot of damage. Because PID is a general label that doesn't tell you where the infection is, the symptoms can vary depending on what organ is infected. The most common symptom is lower abdominal pain. Other symptoms may include: fever, vaginal discharge that may have an odor, painful intercourse, painful urination and irregular menstrual bleeding. Moreover, some people might not even have any symptoms. Antibiotic therapy is the most common treatment for PID, although surgery is sometimes necessary.



The number one cause of PID in the U.S. is an untreated STD. Chlamydia and gonorrhea are considered the two main culprits. Therefore, you can protect yourself against PID by practicing safer sex (e.g., using condoms every time you have sex until you want to get pregnant) and getting regular check-ups. Other potential risk factors for PID include douching and use of certain birth control methods. For example, use of an intrauterine device (IUD) may increase the risk of developing PID at the time of IUD insertion.<sup>16</sup>

### **CHECK FOR FIBROIDS<sup>17</sup>**

Fibroids are epidemic among African-American women. Between half and three-quarters of us have fibroids - which means there's a good chance that you already have them or that you will have them some time before you reach menopause. Fibroids also tend to run in families, so if you don't know already, ask the women in your family about their experiences.

No one knows exactly what causes fibroids or why so many Black women are affected. One theory is that weight could be an issue. Fibroids feed on the hormone estrogen. The more you weigh, the more estrogen you have in your body (it gets stored in your fat). Since the majority of Black women in this country are overweight, this could be part of the problem.

Fibroids are almost always benign (meaning non-cancerous) muscle tumors that grow within your uterus. They can be as small as a pea or as big as a grapefruit. Fibroids can cause pelvic pain, lower back pain and heavy bleeding during your periods. But some women don't have any symptoms at all. Fibroids that don't cause any symptoms can coexist peacefully in our uterus - no need to mess around with them. Since they depend on the hormone estrogen to grow, they will shrink after menopause (when our estrogen levels go down). During pregnancy, hormonal changes can cause some fibroids to grow. But it all depends on the woman - some fibroids stay the same or even shrink.

Many women whose fibroids cause no symptoms have no problems with their pregnancies or childbirth. The major threat to our fertility is not the fibroids themselves (because they rarely cause infertility), but the treatment that is too frequently suggested for Black women: a hysterectomy. A hysterectomy is the surgical removal of your uterus. If you don't have a uterus, you most definitely will not be able to have any babies.

If you have fibroids, educate yourself about the wide range of treatments that are available for your symptoms (see the Reading & Resources section at the end of this guide for more information). Some women are able to dramatically reduce their symptoms simply by changing their diet and lifestyle and trying different herbal remedies. Hormonal drugs can be used to shrink fibroids and may be a possible option. If surgery really is necessary, it's often possible to remove the fibroids without removing the uterus. For severe fibroids, a hysterectomy MIGHT be necessary. But if your doctor recommends this, be sure to get a second opinion. Even if you don't care about having children, a hysterectomy is a drastic surgery that probably should not be considered lightly.

## **BE AWARE OF ENDOMETRIOSIS<sup>18</sup>**

Endometriosis is a condition in which endometrial tissue, which normally grows inside the uterus, starts growing in other parts of the body. The tissue develops into small growths or tumors. It usually affects the ovaries, fallopian tubes, uterus, the area between the vagina and anus and the lining of the pelvis. The exact cause of endometriosis is not known. There might be a connection between environmental hormones or toxins and endometriosis. About one-third of all women who have infertility problems have endometriosis. Like fibroids, it tends to run in families, so you should ask your mother, grandmother and others about their experiences. It's possible, however, that they have the symptoms but have never been diagnosed. In the past, endometriosis wasn't recognized as such by doctors, so older women who have it might never have received a diagnosis.

The growths caused by endometriosis behave like your uterine lining and respond to your hormones by trying to flush out of the body every month when you have your period. Because these growths aren't inside the uterus, they can't pass through the vagina - instead they break down in your body. The result is internal bleeding and inflammation and scar tissue. The most common symptoms are pain before and during menstruation, pain during or after sex and heavy or irregular bleeding. As with the other conditions, some women with endometriosis have no symptoms at all.

There is no cure for endometriosis but hormonal treatments can control it. Changes in diet and lifestyle and use of herbs can also help. If you have no symptoms and no plans to have children, you just need regular gynecological check-ups. If you have mild symptoms and no risk of infertility, you can use over-the-counter painkillers (such as ibuprofen - but only if you're not trying to get pregnant). To protect against or reverse infertility, you might need hormonal or surgical treatments.

## **RESPECT - PROTECT YOURSELF**

The message we hope you're getting throughout this guide is that YOU are the team leader of your health - listen to your body and trust what it is telling you. There are other people on your health team (family, friends and doctors) with various levels of involvement. People can and should help along the way - your friends, family, partner and certainly your doctor - but you're the one who should be in charge.

If you take this idea to heart, it will have powerful consequences on your health and life. It will mean looking carefully at how you're living your life and asking yourself certain questions: What are your relationships like? How do you make decisions? Do you know and understand yourself? Do you know and understand your family and their health history? What does this all mean for you? The information in this guide can help you consider these questions.

If you decide to bring a life into this world, you owe it to yourself to protect your womb. With that in mind, if you're trying to conceive a child, we hope you will consider doing so in a loving, trusting and mutually exclusive relationship. If you and your partner take the time to develop a healthy relationship, that commitment and trust will help protect you.

Whatever you do in terms of your fertility, we ask that you do it consciously. A life lived well is not one set on "default," but one where you are learning, reflecting and making informed and conscious decisions.

### **TIMING IS EVERYTHING<sup>19</sup>**

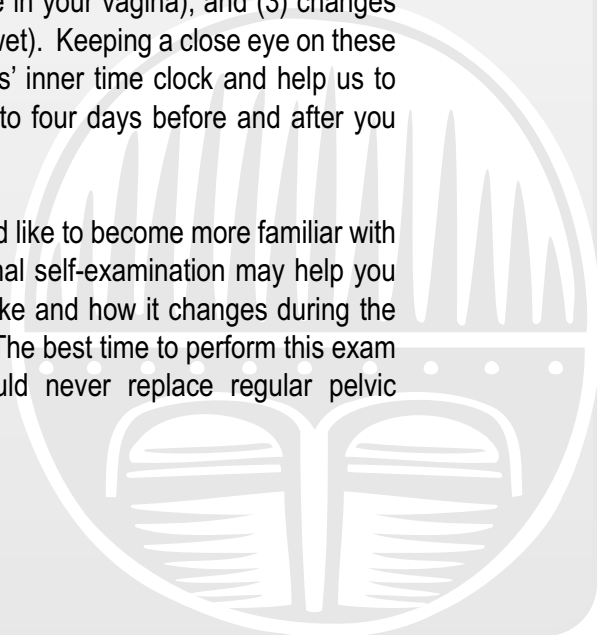
Getting pregnant should be a fun experience. At the same time, when you want to get pregnant, planning and timing is everything. Why? Because you need to have sex a few days before and after your ovary releases an egg so there will be sperm inside you to fertilize it. The egg is usually released about 14 days before your period - this is the peak of your fertility. What does this mean? About two weeks before you expect your next period, you should have sex (ideally, several days in a row). So keep an eye on the calendar, and when that time comes, get out the Marvin Gaye CD (or Jill Scott, John Legend - whoever gets you in the mood) and get busy.

Remember that if you only recently stopped using a hormonal form of birth control, it might take your body some time to start having a period again. For more information, see the section on hormonal birth control discussed above.

Those of us with predictable periods can easily use a calendar to figure out our fertile days and make sure to have sex during this time period. Unfortunately, only a few of us have menstrual cycles that are the same number of days each month. As a result, you might not be so sure of when your next period will start.

Fortunately, our bodies also give us important signals that it is about to release an egg. The three key signals are: (1) a change in waking body temperature; (2) production of cervical fluid with a texture that resembles raw egg white (which you can feel or see in your vagina); and (3) changes in the position of the cervix (it rises and becomes soft, open and wet). Keeping a close eye on these fertility signs every month can help us to understand our bodies' inner time clock and help us to know when we will ovulate. You should have sex around two to four days before and after you expect these changes to happen.

If you are not used to observing your body so intimately but would like to become more familiar with your own body, you can do a vaginal self-examination. A vaginal self-examination may help you better understand your body, including what your cervix looks like and how it changes during the month and what secretions, if any, are normally in your vagina. The best time to perform this exam is between menstrual periods. A self-exam, however, should never replace regular pelvic examinations by a healthcare professional.



To perform a vaginal self-exam, you will need a small flashlight and a hand-held mirror, preferably with a long handle. You also need to have a plastic speculum - a simple device that will hold your vagina open so that you can examine yourself more thoroughly. You can buy a plastic speculum at pharmacies that sell medical supplies.

To perform the self-exam, sit on a firm surface (e.g., floor, bed or couch) and support your back with pillows. Bend your knees, set your feet well apart and lean slightly backward. Hold or prop the hand mirror in front of your vagina. With the light source reflecting through the mirror (if using a flashlight, direct it toward the mirror) so that you can clearly see your vaginal area, use the speculum to spread apart the vaginal walls. Adjust the light and mirror until you can see into the vagina. You should be able to see the reddish pink walls of the vagina, which have slight folds or ridges known as rugae.<sup>20</sup>

If you either can't or don't want to observe your body so intimately, you can also buy ovulation predictor kits at your local drugstore to help you figure out a day or two ahead of time when you're going to ovulate and be fertile. These kits are available at most drugstores for about \$3.00 - \$7.00 (no prescription is required - you can find them in the same section as the home pregnancy test kits). The kit contains testing sticks similar to the kind you use with an at-home pregnancy test. Follow the instructions to choose the days when you should start testing yourself. On those days, you'll need to urinate on a stick and read the results. These kits are accurate only if used properly, so be sure to follow the instructions carefully. Another tip: don't check your urine first thing in the morning - you might get a false positive result because your morning urine is very concentrated. Instead, use the stick the second time you urinate that day. Another option is to get a salivary ovulation predictor kit, which tests your saliva instead of your urine. These kits, however, are more expensive (around \$30.00).

### **LET'S GET IT ON**

Let's first state the obvious: to get pregnant, you need to have sex. Basically, you can have sex any way you like. The goal is simply to get the sperm deep inside the vagina. However, certain positions may be a bit more helpful than others. Sexual intercourse by rear entry (when a man enters the vagina from behind the woman or "doggie style") may increase your chances of getting pregnant because the position allows for the deposit of sperm close to the cervix. Staying on your back for twenty to thirty minutes after having sex can also increase your chances of pregnancy because it takes the sperm about twenty minutes to work its way through the cervical mucus and up the fallopian tubes in search of the egg. Lying on your back during this time can help keep the sperm from leaking out.

### **Seduction - the Old Fashioned Way**

Set the mood for a night of romance and passion. Bring out the candles, music, and fancy perfume . . . anything but the following:

#### **Lubricants**

Skip the lubricants. Most lubricants (e.g. jellies, liquids, Astroglide, suppositories) are spermicides, meaning they kill sperm. Even water-based products can slow down or trap sperm, preventing them from reaching your egg. If you can't bear to give up the massage oils, you can use them on the rest of your body, just not on your vagina or pubic area, and not on your partner's penis.

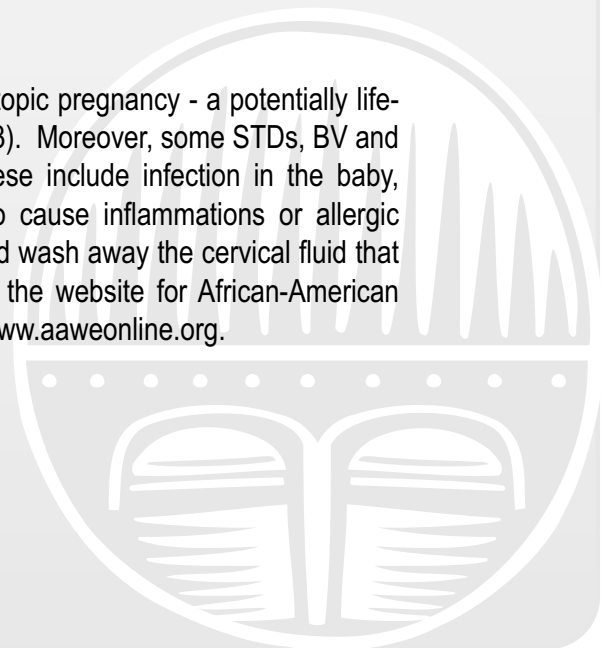
#### **Red Rubber Bags on the Back of the Bathroom Door**

Don't Douche. Douching is the practice of rinsing or "cleaning" the vagina by squirting a water-based liquid into the vagina. In the 1920s, companies marketed douche products to women as a necessary way to clean our "dirty," "smelly" selves (for some reason, nobody was worried about men having any dirty, smelly parts). And to this day, some American women (about 16 million) continue this cultural practice. More than half of them are African-American. They have different motivations: to "clean up" after their periods, to get rid of odor or because they believe that douching after sex will prevent pregnancy or protect them from getting a sexually transmitted disease.

Ladies, let's be clear on the subject of douching. There is no medical or hygienic reason to douche.<sup>21</sup> In fact, research shows that women who douche regularly have more health problems than women who do not. Doctors are still unsure whether douching causes these problems. Douching may simply be more common in groups of women who tend to have these issues. Health problems linked to douching include:

- Vaginal irritation.
- Vaginal infections called bacterial vaginosis (BV).
- Sexually transmitted diseases (STDs).
- Pelvic inflammatory disease (PID).

In turn, conditions like PID can increase your chances of an ectopic pregnancy - a potentially life-threatening condition if left untreated (see discussion on page 13). Moreover, some STDs, BV and PID can all lead to serious problems during pregnancy. These include infection in the baby, problems with labor and early delivery.<sup>22</sup> Douching can also cause inflammations or allergic reactions that can kill sperm or hurt their chances of survival and wash away the cervical fluid that sperm need to get through the cervix and to your egg. See the website for African-American Women Evolving, Inc. for more information about douching at [www.aaweonline.org](http://www.aaweonline.org).



## **ALCOHOL**<sup>23</sup>

Avoid alcohol. You (and your partner) will increase your fertility if you avoid alcohol (such as beer, wine and cocktails). Even small amounts of alcohol can potentially affect your hormone levels *enough to prevent your ovaries from producing any eggs*. And once you succeed in getting pregnant, you should continue to avoid alcohol, especially during the first three months of your pregnancy. Drinking alcohol during pregnancy can cause serious health problems or defects in your baby.<sup>24</sup>

We know that alcohol can often be a part of the romantic setting that you create to loosen your inhibitions and build the right mood. But you and your honey gotta tighten up your game so your inhibitions will fall away naturally, instead of depending on alcohol to do it. Remember, foreplay is really a mind game, which is why some people find alcohol can help. If your man usually relies on alcohol to charm you and loosen you up, tell him that he's going to have to be a little more creative. And if you need to get drunk to have sex with your man, then you should reconsider your relationship. Think about it ladies, if you need to get drunk to have sex with this man, do you really want to make an 18-year commitment with him as the father of your child?

## **CAFFEINE**

Skip it. The more caffeine you drink, the less likely you are to get pregnant. Avoid (or drink very little of) caffeinated drinks such as coffee, tea, Coke, Pepsi, Mountain Dew and Red Bull. Women who drink one cup of coffee or caffeinated soft drink a day are half as likely to conceive in any given month as women who have no caffeine. Caffeine seems to affect our bodies' ability to both conceive and nurture a fertilized egg.

## **PHAT GIRLZ**<sup>25</sup>

Black women come in many beautiful shapes and sizes, but the reality is that more than half of us (almost two-thirds or 64%) are overweight or obese. What's wrong with a few curves? Unfortunately, being overweight or obese presents a significant threat to your health and fertility.

Here are some facts to consider:<sup>26</sup>

- Obesity can make it more difficult, physically, to have sex.
- Obesity can disrupt your hormone levels, which negatively affects your ability to ovulate.
- Obesity puts you at a much higher risk for many chronic diseases, like hypertension, high cholesterol, heart disease, diabetes, stroke and even some cancers (breast, endometrial, ovarian and colon).
- Obesity puts you at risk for getting gestational diabetes, a form of diabetes that happens during pregnancy. This puts your baby at risk for growing too big, having too little blood sugar, breathing problems, and an increased chance of being obese and diabetic later in life.

So, in order to increase your fertility and protect you and your baby's health, you need to maintain or reach a stable, healthy body weight through exercise and a healthy diet.<sup>27</sup> If you think you need to lose some weight, the best time to do it is before you try to get pregnant. Once you are pregnant, it's not a good idea to try to lose weight because you might deprive your baby of the nutrients it needs to grow and develop well. Read on for more information on how to improve your health and your fertility.

### **EAT HEALTHY & TAKE PRE-NATAL VITAMINS<sup>28</sup>**

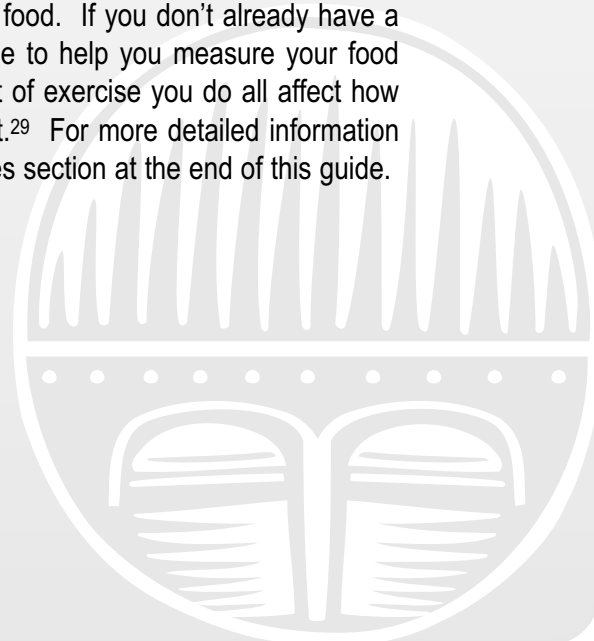
Eating food that is high in nutrients is an important way to improve your fertility. It is key to your baby's health once you become pregnant and key to protecting your health throughout your life. Many generations ago, people "ate healthy" as a natural course of things. The diet of our African ancestors was high in vegetables, fruit and low-fat protein while low in meat. Not surprisingly, our ancestors had very low rates of hypertension and heart disease, two conditions that plague many Blacks today. In our modern world, we're surrounded by food that is bad for us: fast foods, soda, packaged/processed food, doughnuts, candy, and so on. But since it's cheap, fast and easy, we keep eating it.

So what's a healthy diet? For starters, when we say the word "diet," we don't mean eating very little food. We mean eating a healthy combination of foods that will give your body what it needs to work well. Here are some basic guidelines you can follow to improve your diet. If our suggestions are radically different from the way you eat now, we suggest that you adopt these changes gradually so that they will eventually become comfortable habits.

#### **Pay attention to serving sizes and proportions.**

We live in the land of "super-sized" everything. The number one problem for Americans of all colors is eating huge servings of food. People also tend to have a lopsided diet, with too much of certain types of food (such as meat and dairy) and too little of other types (such as whole grains or vegetables).

Here are some guidelines for how much to eat of each type of food. If you don't already have a measuring cup in your kitchen, we suggest that you obtain one to help you measure your food servings. Please note that your height, weight and the amount of exercise you do all affect how much food you need. These are general tips for a healthy diet.<sup>29</sup> For more detailed information about diet and nutrition, please refer to the Reading & Resources section at the end of this guide.



- Grains: The bulk of your diet should come from grains - 6 ounces a day. What's an ounce? Examples of one ounce servings are 1 slice of bread, 1 small piece of cornbread, 1/2 cup cooked oatmeal, cup cooked rice and 1/2 cup cooked pasta. **Whenever possible**, go for "whole" grains, which have much more fiber. Try replacing white bread with wheat, brown rice instead of white, and oatmeal instead of grits, though we know many of us enjoy food from our southern roots.
- Vegetables: 2 1/2 cups a day. Try to have a variety of vegetables, such as 1 cup of leafy greens, 1 cup of carrots and 1/2 cup of squash.
- Fruit: 2 cups a day. As with the vegetables, try to get a variety of different kinds of fruit. Keep in mind: fruit juice **does not count** as fruit - it's mainly sugar and water. And if you eat canned fruit, be sure to buy cans that don't have any sugar added.
- Dairy (Milk, Yogurt & Cheese): 3 cups a day; whenever possible, go for the low-fat options. Meats and Beans: 5 1/2 ounces a day. This category includes beef, fish, dry beans, tofu, eggs and nuts. Examples of types of food and amounts: 1 small, lean hamburger is 2-3 ounces (already half your meat for the day!); 1 small chicken breast is 3 ounces; 1 drained can of tuna is 3-4 ounces; 1 egg is 1 ounce; 1 tablespoon of peanut butter counts as 1 ounce; and 1 cup of split-pea soup is 2 ounces.
- Oils: No more than 5-6 teaspoons a day. This includes canola oil, corn oil, sunflower oil, cottonseed, olive oil and foods high in oil such as nuts, salad dressing and fish. Remember, every bit of oil that you use just to cook any of your food also counts towards this number.

### About Food Preparation & Quality

Our unique history as African-Americans has shaped what we eat and how it is prepared. For example, an enslaved African's diet consisted of "leftover" and "undesirable" cuts of meat from their master's table. After slavery, African-Americans had to make do with limited food choices.<sup>30</sup> For example, since slaves were often only allowed to keep chickens, frying chicken for special occasions became the norm throughout the community. After slavery ended, southern Blacks continued this tradition since chickens were often the only animals that they could afford to raise.

Today, research demonstrates a definite link between the kinds of foods available in a neighborhood and the health of that neighborhood's residents. In other words, predominantly white neighborhoods have grocery stores with higher quality meat, fruits and vegetables compared to minority communities (regardless of income).<sup>31</sup>

Due to poor quality meat, African-Americans tend to fry foods because the high heat would kill the bacteria in the meat and allow the food to last longer and travel better. This was particularly helpful during segregation, when Blacks could not find places to eat and had to carry their own food.



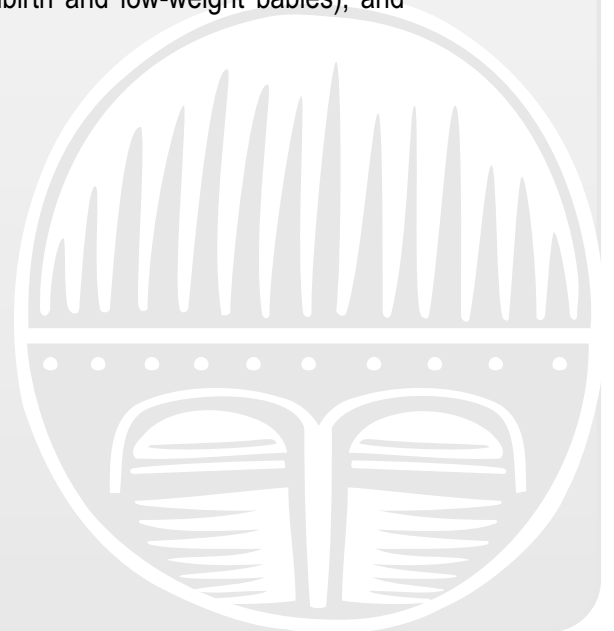
With this knowledge, let's try our best to do the following:

- Eat as much raw food as possible.
- Whenever possible, broil, grill or steam food.
- In each food group, you have low-quality and high-quality choices. Try to buy the leanest grade of meat you can afford, choose low-fat dairy products and pick fresh vegetables and fruits instead of canned (or, if you need to buy them canned, make sure that salt or sugar has not been added).

### **Other Tips**

- Cut down on sugar, salt and fat. If you must have french fries, eat them only occasionally and only eat half. If you take sugar in your coffee, put in half of what you normally use. If you drink 4 sodas a day, try to cut down to one eight-ounce serving (FYI - one "Big Gulp" contains 4 servings of soda).  
If you use mayonnaise on your sandwich, use half of what you normally use or switch to mustard.
- Drink plenty of water (6-8 cups a day).
- Don't skip meals. Breakfast is especially important to jump-start your metabolism, which helps your body burn off calories more efficiently. Skipping meals can also cause you to over-eat later on.

Sometimes it's difficult to get all the vitamins and minerals you ideally need from food, especially when you are trying to get pregnant. To be on the safe side, we recommend that you take pre-natal vitamins for at least one month before trying to get pregnant and for at least the first three months of pregnancy. Pre-natal vitamins are better than regular multi-vitamins because they contain certain vitamins and minerals that are especially important for women who want to become or who are pregnant. You can buy them at most drugstores. The key ingredients include: folic acid (helps prevent neural tube defects, brain and spinal cord defects and the disease spina bifida); vitamin A (helps reproductive glands to function); vitamin B6 (essential to maintaining fertile levels of hormones); copper (for the maintenance of healthy blood cells and bones); zinc (essential mineral for female reproductive health, lowers risk of miscarriage, stillbirth and low-weight babies); and omega-3 fatty acids (helps brain and vision development).



## **MOVE YOUR BODY<sup>32</sup>**

It's amazing what regular exercise does for your body and mind. It gives you more energy, lifts your spirits, decreases stress, improves circulation, lowers blood pressure, builds muscles and bones, slows the aging process, helps you lose weight and helps you to sleep better. What more could you ask for? So get out there and do whatever works for you: walk, jog, jump rope, run, dance, practice self-defense, stretch, rake, clean, do yoga, ride a bike . . . simply put your body in motion. Regular exercise is good for everyone at every stage of their life. If you are trying to lose weight before getting pregnant, you will need to exercise. Try to exercise for thirty minutes, three to five times a week - every week.

The easiest and cheapest way to exercise is to go on walks. If you prefer to exercise at home, you can try working out with exercise DVDs - aerobics, dance, yoga - you name it, there's probably a disc for it. You can put on some fun music and dance around the house with your honey and your children. You can even get your kids involved and teach them how to do some of the "classics" - the Electric Slide, Roger Rabbit, Bump, Cabbage Patch - whatever your "specialty" is. Whatever you do, try to do it three to five days a week. You can still exercise once you become pregnant, but you should ask your doctor first for advice on how much exercise will be safe for you and your baby.

## **STOP SMOKING<sup>33</sup>**

Smoking cigarettes significantly reduces your chances of getting pregnant. Women who smoke have lower fertility rates, take longer to get pregnant, suffer more miscarriages and experience menopause earlier in life than women who don't smoke. Smoking "pollutes" your reproductive organs. It is linked to poor cervical mucus and higher rates of pelvic infections and fallopian tube damage. In addition, high levels of nicotine, which can be found in cervical mucus, can be toxic to your partner's sperm. If your partner smokes, that can hurt his fertility as well.

## **BREAK OUT THE FLOSS<sup>34</sup>**

Your oral health (the condition of your teeth and gums) is an important pregnancy issue for two reasons. First, pregnancy hormone levels can negatively affect your gums, causing them to become irritated and bleed. If you have this problem, you might have to get more frequent dental cleanings than usual. Second, there is a strong link between your oral health and your baby's well-being. Pregnant women with gum disease can be up to seven times more likely to have a low-weight or pre-term baby.

Therefore, it's time to schedule that dental check-up. If you don't have dental insurance, see the Reading & Resources section at the end of this guide for agencies that can help you find low-cost or free care. If you've been slacking off on dental care, now's the time to start some new habits: brush your teeth every day with a soft-bristle toothbrush, replace your toothbrush every two months and floss daily.

## **SOMETIMES A SISTER NEEDS TO CHILL<sup>35</sup>**

Yes, we know - easier said than done. But don't underestimate how much damage stress can do to your mental and physical health. In fact, stress alone can cause infertility. It slows down the part of your brain that controls hormones - this leads to missed periods in women and lower sperm counts in men.

Living at the intersection of sexism and racism, Black women are under a lot of stress. For Black women living in poverty, the stress is compounded by perhaps living in a dangerous neighborhood, worrying about how to pay the rent, and worrying about your and your family's safety.

Still, there are many different ways to manage stress or to create a chill zone. Consider doing the following:

- Exercise - it has the added benefit of keeping you fit and healthy.
- Surround yourself with a strong support group of friends and family.
- Enjoy a good laugh.
- Meditate.
- Take a time-out (even if you have to hide in the bathroom to get it).
- Listen to music or read a book (to help you escape).
- Turn off the news - the world will still be there when you tune in next week.

You might think that taking care of yourself is a luxury that you can't make time for. Believe us when we tell you - it's not a luxury, it's a necessity. So take the time to take care of yourself.

## **THINK BEFORE YOU MEDICATE<sup>36</sup>**

Any medications you take can affect your pregnancy; some medications can do serious harm. Even though you might not be pregnant yet, you won't know for sure when you are pregnant until weeks after the fact. And the baby is most vulnerable to damage from medications during those first few months of pregnancy. So, the safest thing to do is to check with your doctor before using any medications, whether they're over-the-counter or prescription. And, consider other options. For example, try exercising or using an ice-pack to relieve a tension headache instead of taking an aspirin.

It's especially important to check with your doctor if you're taking medications for any of these conditions: acne, alcoholism, allergies, anxiety, depression, infection, muscle inflammation, diabetes, high blood pressure, kidney disease, seizures, pain or prescriptions for any other condition.

## **BEWARE OF ENVIRONMENTAL TOXINS<sup>37</sup>**

Many of us are exposed to chemical toxins in our environment that can affect our fertility. People of color living in low-income neighborhoods can be especially vulnerable to environmental toxins. For example, high exposure to metallic lead or car exhaust has been proven to have negative effects on fertility. Lead comes from many different sources, such as gasoline, car batteries and old (before 1970's) house paint. In men, metallic lead has been linked to decreased sex drive, decreased sperm counts and testicular problems. In women, lead has been linked to infertility, miscarriages, stillbirths and menstrual disorders. Lead exposure has also been linked to mental retardation and neonatal death in fetuses.

Another toxin, mercury, comes from some of the fish we eat. In men, exposure to mercury has been linked to reduced fertility. In women, mercury has been linked to miscarriages and stillbirths. Mercury exposure has also been linked to severe brain damage and mental retardation in fetuses. The list of damaging chemicals is overwhelming. The best thing you can do is to educate yourself about the toxins in your environment and protect yourself. Please see the Reading & Resources section at the end of this guide for more information.

Finally, household pesticides are toxic and potentially harmful. It is important when using them to open windows so that you and your family are not breathing in concentrated amounts of a pesticide.

## **SO YOU NEED A LITTLE HELP**

Infertility is 1.5 times higher in Black women aged 25 to 44 than White women of the same age group.<sup>38</sup> So, if you have been trying to get pregnant for a year or more without success, you might have a fertility problem. The problem could be yours, your partner's, or belong to both of you. Both you and your partner should visit a doctor to check for any physical or hormonal problems. This should include checking your partner's sperm. Many women and men have fertility issues, so neither you nor your partner should feel like a failure.

Fortunately, there are a variety of ways that you can improve your fertility. Natural remedies, acupuncture and reproductive drugs and technologies can help you get pregnant.

### **Try Natural Herbs to Increase Fertility<sup>39</sup>**

Every culture in the world has relied on natural plants and herbs to treat illnesses for centuries. In general, herbal remedies are cheaper and have fewer side effects than man-made drugs but they can be just as potent and as harmful as drugs if misused. Like any other drugs, herbs can have negative and sometimes dangerous side effects if you take them in excessive doses or incorrectly. And some herbs are dangerous to take during pregnancy. Always read the package directions and precautions and follow the dosage instructions on the product label.

Listed below are some of the herbs that are frequently used as treatments for infertility. Please see the Reading & Resources section at the end of this guide for books that provide more information on how to use these herbs. Some herbs can create smooth-tasting teas; others can be bitter.

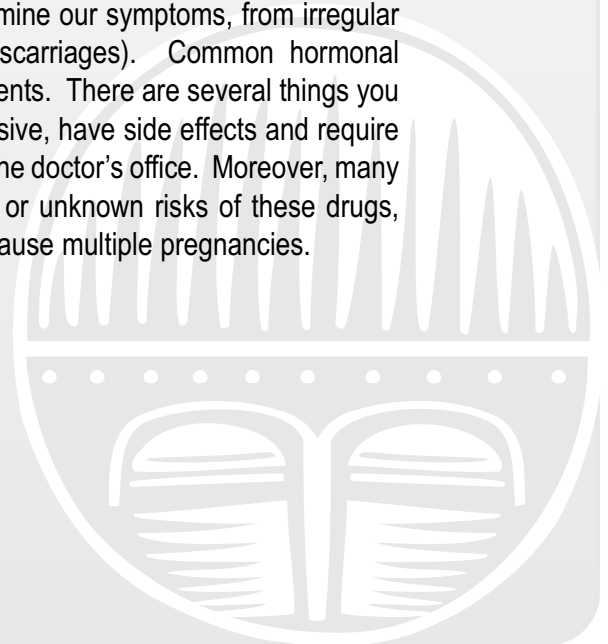
- Red clover is very important for fertility. It stimulates your estrogen, nourishes your uterus and improves the acidic balance of your vagina.
- Red Raspberry can relax and strengthen your uterus.
- Nettle is rich in minerals that are good for your hormones.
- Chasteberry (also called vitex) stimulates and normalizes your hormones and stabilizes your uterine lining.
- Raspberry Leaf firms and relaxes your uterine and pelvic muscles.
- Alfalfa nourishes your body and stimulates your estrogen.
- Ginkgo improves blood circulation, which can help men with impotence (erectile dysfunction) by increasing blood flow to the penis.

### **Acupuncture & Traditional Chinese Medicine<sup>40</sup>**

Acupuncture is an ancient Chinese healing art that aims to restore the smooth flow of life energy in the body (called “qi” in Chinese) and has been used to treat fertility problems. Traditional Chinese medicine believes that when everything is in balance, all is healthy and your “qi” will flow uninterrupted. When all is not balanced, your “qi” can be disturbed and disease can set in. Acupuncture involves the use of fine needles to activate a network of key pressure points on the body to bring the body back into balance. The points on your body have specific healing effects when they are stimulated by the needles. It might sound painful, but the needles are very thin and usually don’t hurt or hurt for only a few seconds. Acupuncture can be used in many ways to treat fertility issues - to relieve pain, balance your hormone levels and to help with fallopian tube problems.

### **Fertility Drugs<sup>41</sup>**

About one third of all women’s infertility problems are caused by some kind of imbalance in our hormones. The particular type of imbalance we have will determine our symptoms, from irregular periods to the inability to sustain a pregnancy (frequent miscarriages). Common hormonal disorders can be treated with fertility drugs or hormone supplements. There are several things you should know first, however. Fertility drugs are often very expensive, have side effects and require frequent visits (sometimes daily, depending on the treatment) to the doctor’s office. Moreover, many in the medical field have voiced concerns about the long-term or unknown risks of these drugs, which have yet to be studied. Fertility drugs are also prone to cause multiple pregnancies.



### **Assisted Reproductive Technology<sup>42</sup>**

Thanks to modern technology, women with fertility problems may now conceive a child through high-tech methods. These procedures, however, are very expensive (for example, \$10,000 for an In Vitro Fertilization cycle) and are usually not covered by any insurance plan. The procedures are also time-consuming, stressful and involve a high risk of miscarriage and other problems even if they succeed in getting you pregnant. The rates of successful births are also low.

Two examples of reproductive technologies are In Vitro Fertilization (IVF) and Artificial Insemination (AI). For IVF, the doctor removes some eggs and sperm from you and your partner and then tries to fertilize one or more eggs in the lab. The fertilized egg or eggs are then placed inside your uterus to grow. For AI, sperm from your partner or from a donor are treated to maximize their fertility and are then inserted by the doctor into your uterus.

Technology can also be helpful in cancer cases. Radiation and chemotherapy treatments can hurt both women and men's fertility. Some ways to get around this problem are to freeze and store a woman's eggs (fertilized or unfertilized) or to freeze and store a man's sperm, before they start cancer treatment. Be aware that these procedures are very expensive and some of them are considered to still be in the experimental stage.

### **SISTERS IN CONTROL<sup>43</sup>**

Don't want to get pregnant? The good news is that there are many types of birth control to choose from. In this section, we provide basic information about six types of birth control:

- **Barriers (Physical and Chemical):** these methods prevent a man's sperm from connecting with a woman's egg.
- **Hormonal:** these methods prevent a woman from producing any eggs.
- **Natural:** these methods involve using your body's natural processes to prevent pregnancy.
- **Sterilization:** these methods involve surgery on a woman's or a man's reproductive organs to make them infertile (unable to have a child).
- **Other:** intrauterine devices (hormonal or copper), devices that attach to your uterus and emergency contraception.
- **Abortion:** chemical and therapeutic terminations of pregnancy.

For each option we provide the following information: how effective it is; how it works; precautions (warnings); advantages; issues to consider; and when you need to call your doctor.

If you are considering a hormonal method of birth control, please be aware that women with high blood pressure and/or who are obese may be exposed to greater risk factors when using these forms of birth control.

### Questions to Ask Yourself

Gaining control of your fertility is crucial to gaining and maintaining control of your life. At the same time, many factors in your life influence how you take that control. Here is a recap of the questions we asked in the Introduction section about your lifestyle and personal environment (see pages 5-8). Remember, the purpose of these questions is to help you choose what's best for you.

- Are you worried that being prepared in terms of birth control suggests that you're a "bad girl" because you're planning for sex?
- How comfortable would you be with touching yourself to insert a barrier method of birth control?
- Would it be realistic for you to take a pill every day at the same time of day for your birth control?
- Are you in a trusting and safe relationship? How would your man feel about using a condom?
- Are you using sex as a bartering tool? For example, do you get more money or other advantages from having sex without a condom, in which case you might need a "stealth" (secret) form of birth control?
- Do you need an obvious form of birth control to reassure your partner that you're not trying to get pregnant?
- Are you in a potentially violent or violent relationship? Would it be a good idea to bring a baby into your relationship? Would use of birth control trigger a negative response from your partner, in which case you need a secret form of birth control?
- How will your choice of birth control be influenced by your partner? Do you need to be obvious that you're using something to gain his trust or do you need to be secretive?
- If you never want to have children, how would either of you feel about getting sterilized?
- Do you plan to have children? If so, think about which form of birth control is safest for you to use.
- How high is your risk for sexually-transmitted diseases (STDs), HIV or AIDS? Most forms of birth control do not protect you at all from these diseases.
- Do you have a medical condition that could be negatively affected by hormonal birth control or that could cause complications in pregnancy?



## BIRTH CONTROL METHODS

### CERVICAL CAP<sup>44</sup>

**Effectiveness:** 84-91% effective for women who have never given birth and 68-74% effective for women who have given birth.

**How It Works:** A rubber or plastic cap the size of a thimble is inserted into the vagina and placed over the cervix. It must be used with spermicidal jelly. Cervical caps come in different sizes; you must be fitted for one at a clinic. You should leave the cap in for 8 hours after sex. Do not leave it in for longer than 48 hours. Practice inserting and removing the cap before having sex with your partner. Before inserting, wash your hands with soap and water. Put about a quarter-teaspoon of spermicide in the dome of the cap, spread a thin layer around the rim and put a half-teaspoon in the folded area between the rim and the dome. To make insertion easier, try standing with one foot up on a chair, sitting with your knees apart, or lying down. You can insert the cap two hours before sex; if you have sex more than two hours after insertion, put more spermicide in your vagina. After use, wash the cap with soap and warm water. To make sure the cap remains effective, check the condition of the cap regularly by holding it up to the light or filling it with water to check for holes.

#### Precautions

- Avoid douching, oil-based spermicides and oil-based lubricants - they weaken the cap's effectiveness.
- Avoid spermicides containing the ingredient nonoxynol-9, which can irritate your vagina and increase your risk of contracting an STD.
- Do not use the cervical cap during your period.
- There is a higher risk of pregnancy during the first few months of use; to avoid this, check the position of the cap before and after sex to be sure it has stayed in place. If it has moved, you might want to consider emergency contraception (see pages 68-69 for more information).
- You should get refitted for a new cap after a birth or abortion.
- Not recommended if you have toxic shock syndrome.



**Advantages**

- Can protect against some STDs; it is most effective against STDs if used with a condom.
- Can be inserted hours before sex.
- Comfortable and easy to carry around.
- Does not affect your period.
- Does not affect your future fertility.
- It may help you know your body better.
- Does not affect breastfeeding.
- Generally cannot be felt by either partner.
- Immediately effective and reversible.
- No effect on a woman's natural hormones.

**Issues to Consider**

- Does not completely protect against STDs.
- Does not protect against HIV/AIDS.
- Requires fittings at a clinic.
- Does not fit all women.
- Can be difficult to remove or insert, depending on your weight and flexibility.
- Can be dislodged during sex.

**Possible Side Effects**

- Allergic reactions to the rubber of the cap or to spermicide containing nonoxynol-9 may occur (it's best to use spermicide that does not have this ingredient).

**Call Your Doctor If -**

- You think there are holes in the cap or if any part of the rubber gets puckered (you'll need a new one).



## DIAPHRAGM<sup>45</sup>

**Effectiveness:** 86-94%.

**How It Works:** A diaphragm is a thin rubber dome that fits over the cervix and is held in place by vaginal muscles. Diaphragms must be used with spermicidal jelly. Diaphragms come in different sizes; you must be fitted for one at a clinic. They can be inserted up to 6 hours before sex. Before inserting the diaphragm, place a tablespoon of spermicidal jelly or cream on the inside of the dome and spread a thin layer around the rim. Wash your hands with soap and water. Use one hand to spread your labia. The other hand can slide the diaphragm into your vaginal canal and over your cervix. You can check its placement by feeling for your cervix through the rubber dome. You can remove the diaphragm by hooking your finger around the front rim and pulling down. If you have long nails, be careful not to tear the rubber. To make insertion easier, try standing with one foot up on a chair, sitting with your knees apart or lying down.

If you have sex more than once, you need to insert more spermicide each time. Leave the diaphragm in for 6 hours after the last time you have sex. Do not leave it in for longer than 24 hours.

Wash it with soap and water after each use. To make sure it remains effective, check the condition of the diaphragm regularly by holding it up to the light or filling it with water to check for holes. Diaphragms should be checked by a doctor every few years. See your doctor for a re-fitting if you gain or lose 10 pounds or more, or after a pregnancy.

### **Precautions<sup>46</sup>**

- Diaphragms are not recommended for women with a history of toxic shock syndrome.
- May not be able to use if you get frequent urinary tract infections or have a reproductive tract infection. Let your doctor know if you have any of these conditions before getting a diaphragm.
- Avoid spermicides containing the ingredient nonoxynol-9, which can irritate your vagina and increase your risk of contracting an STD.
- Do not use the diaphragm during your period.
- Avoid douching, oil-based spermicides and oil-based lubricants - they weaken the diaphragm's effectiveness.

### **Advantages**

- Can be inserted 6 hours before sex.
- Comfortable and easy to carry around.
- Does not affect your periods.
- Does not affect future fertility.
- May help you know your body better.
- Does not affect breastfeeding.
- Generally cannot be felt by either partner.
- Immediately effective and reversible.
- No effect on a woman's natural hormones.

### **Issues to Consider**

- Does not protect against HIV/AIDS.
- Requires fittings at a clinic.
- May require occasional refitting.
- Can be difficult to remove or insert, depending on your weight and flexibility.
- May increase risk of bladder infection.
- Possible allergic reactions.
- Can be messy.

### **Possible Side Effects**

- Bladder infections, genital irritation, itching or unusual discharge.
- Allergic reactions to the rubber of the diaphragm or to spermicide with nonoxynol-9 may occur (in general, it's best to avoid spermicides that have nonoxynol-9).
- Could increase risk for non-menstrual toxic shock syndrome (low).<sup>47</sup>

### **Call Your Doctor If -**

- You think there are holes in the diaphragm or if any part of the rubber gets puckered (you'll need a new one).





## LEA'S SHIELD<sup>48</sup>

**Effectiveness:** 85%.

**How It Works:** Lea's Shield is a flexible, cup-shaped silicone bowl with an air valve, and a loop to help you remove it. It fits snugly over the cervix. It must be used with spermicidal jelly. The shield is one-size-fits all, so you do not have to be fitted or refitted. The shield, like the diaphragm and cap, keeps sperm from joining the egg by blocking the opening to the uterus. The spermicidal cream or jelly stops the sperm from moving. You may insert the shield up to 6 hours before having sex and you should leave it in for at least 8 hours after sex. Do not leave it in for longer than 48 hours. Always wash it after you take it out.

Practice inserting and removing the bowl before having sex with your partner. Before inserting, wash your hands with soap and water. Coat the inside of the bowl around the hole, the front of the rim and outer part of the valve with spermicide. To make insertion easier, try standing with one foot up on a chair, sitting with your knees apart, or lying down. Separate the labia with one hand and pinch the rim of the shield. Slide the shield into the vagina with the valve facing down and the thickest end inserted first. Push the shield as far up into the vagina as is possible and comfortable and make sure the loop is not sticking out.

### Precautions

- Should not be used during vaginal bleeding or infection.
- May not be able to use the shield if you get frequent urinary tract infections or have a reproductive tract infection. Let your doctor know if you have any of these conditions before getting a shield.
- Avoid spermicides containing the ingredient nonoxynol-9, which can irritate your vagina and increase your risk of contracting an STD.

### **Advantages**

- No major health concerns.
- One size fits all-no need to be fitted or refitted.
- Comfortable and easy to carry around.
- Does not affect your periods.
- Does not affect future fertility.
- May help you know your body better.
- Does not affect breastfeeding.
- Generally cannot be felt by either partner.
- Immediately effective and reversible.
- No effect on a woman's natural hormones.
- Can be inserted hours before sex.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Can be difficult to remove or insert, depending on your weight and flexibility.
- Can be messy.
- Cannot be used during menstruation.
- May cause discomfort for some women and their partners.
- Can only be left in place for up to 48 hours.
- Requires a prescription.

### **Possible Side Effects**

- Some women may develop frequent bladder infections.
- Possible allergic reactions to latex, silicone or spermicide.

### **Call Your Doctor If -**

- Burning sensations while urinating.
- Discomfort when the shield is in place.
- Irregular spotting or bleeding.
- Redness or swelling of the vulva or vagina.
- Irritation or itching in the genital area.
- Unusual discharge from the vagina.



## FEMALE CONDOM<sup>49</sup>

**Effectiveness:** 79-95%.

**How It Works:** The female condom is the only female-controlled barrier device offering protection from STDs, HIV and AIDS. It is a thin, loose-fitting, flexible plastic tube worn inside the vagina. A soft ring at the closed end of the tube covers the cervix during sex and holds it inside the vagina. Another ring at the open end of the tube stays outside the vagina and partly covers the labia.

Female condoms can be inserted up to 8 hours before sex and are only completely effective when put in before sex. To insert the condom, first wash your hands with soap and water. Squeeze the ring at the closed end of the tube. Use one hand to spread your outer labia and insert the squeezed condom into your vagina. The inner ring should be pushed just past the pubic bone and over the cervix. To make insertion easier, try standing with one foot up on a chair, sitting with your knees apart, or lying down. Lubrication can help keep the condom in place and lessen any noise it might make during sex. Adding spermicide before or after you put the female condom in will further reduce your risk of pregnancy.



After inserting the condom, make sure it is not twisted.

About one inch of the open end will stay outside your vagina. The outer ring of the female condom will need to be held in place during vaginal sex - some women find this stimulating. Immediately after sex, squeeze and twist the outer ring to keep all fluids, including sperm, inside the condom. Gently pull it out and throw it away. Do NOT flush the female condom down the toilet.

In the United States, female condoms are sold over-the-counter and are available in most drugstores, as well as on the Internet.

### Precautions

- There is a chance that the female condom could break or slip during sex. If this occurs, consider taking emergency contraception (see pages 68-69 for more information).
- Avoid spermicides containing the ingredient nonoxynol-9, which can irritate your vagina and increase your risk of contracting an STD.

**Advantages**

- Protects against STDs and HIV/AIDS.
- Does not reduce a male partner's stimulation.
- Available without a prescription.
- No hormonal side effects.
- Can be used by people with latex sensitivities.
- Pre-lubricated; can use with oil and water-based lubricants.
- Can be inserted before sex (insertion can be part of foreplay).
- Erection not necessary to keep condom in place.
- Does not affect breastfeeding.
- Does not affect future fertility.

**Issues to Consider**

- Noticeable during sex.
- Can be difficult to remove or insert, depending on your weight and flexibility.
- Does not contain spermicide.
- Can break or leak.
- About three times more expensive than male condoms.

**Possible Side Effects**

- None.

**Call Your Doctor If -**

- The condom breaks and you need emergency contraception to prevent pregnancy.



## MALE CONDOM<sup>50</sup>

**Effectiveness:** 85-98%.

**How It Works:** A male condom is shaped like a penis and is usually made of latex. It can fit over an erect penis or a similarly-shaped sex toy. A male condom can be used for vaginal, anal or oral sex or with sex toys. It works by providing a barrier between partners so that fluids like semen, blood and saliva are not shared. This protects you from both STDs and pregnancy. Male condoms are the only effective and reversible birth control method available for men.

Male condoms are only effective when placed just before sex (when the man's penis is erect). They can be awkward to use at first; take your time learning how to use them. It helps to practice before having sex. Either you or your partner can put the condom on as part of sexual foreplay. Only water-based lubricants can be used with male condoms.

The most common causes of condom failure are tearing and slipping. To prevent a condom from breaking, make sure there is enough lubrication - either from your own body or a water-based lubricant. Dryness creates more friction and can tear a condom. To keep a condom from slipping off, make sure the rim stays near the base of the penis during sex. Immediately after sex, you or your partner should hold the rim in place as your partner pulls out - otherwise the condom might slip off and spill sperm and other fluids into your vagina.

Most male condoms can be kept in their packages for 2-3 years. Those with spermicide are usually effective for about 2 years. Check the expiration date on the wrapper before using it.

### **Precautions**

- DO NOT use two condoms at once (increases the risk of tearing the condom).
- Male and female condoms should not be used at the same time (again, increases the risk of tearing).
- DO NOT REUSE a condom after sex - throw it away.
- Do not use the same condom to have both vaginal and anal sex - you need a new condom for each.
- Avoid spermicides containing the ingredient nonoxynol-9, which can irritate your vagina and increase your risk of contracting an STD.
- Oil-based lubricants, like Vaseline or edible oils, weaken male condoms and make them less effective.
- Store condoms in cool, dry places - exposure to heat, such as a back-pocket wallet or a hot glove compartment, can create microscopic holes.



### **Advantages**

- Protects against STDs and HIV/AIDS.
- Birth control for men.
- Available without a prescription.
- No hormonal side effects.
- Use can be part of sex.
- Easy to use.
- Does not affect future fertility.
- Does not affect breastfeeding.
- May decrease your risk for cervical cancer.

### **Issues to Consider**

- Method is outside of your control - the man has to put it on.
- Can interrupt sex.
- Can break or leak.
- Possible allergic reaction.
- Decreased sensation for some people.
- Need to think ahead and get them before you have sex.

### **Possible Side Effects**

- Genital burning or itching for you or your partner can be a sign of an allergy to either the condom itself or the spermicide. If you used a latex condom, try using condoms without latex (however, non-latex condoms do not protect as effectively against HIV as latex). If your spermicide contains nonoxynol-9, try one without that ingredient.

### **Call Your Doctor If -**

- You or your partner experience genital burning or itching that doesn't go away. You may need to be tested for STDs.



## SPERMICIDE<sup>51</sup>

**Effectiveness:** 71-82%.

**How It Works:** Spermicides come in many different forms: foam, jelly, cream, film and suppositories. The key ingredient used to be the chemical nonoxynol-9. However, recent studies show that this ingredient irritates the vagina and increases a woman's risk of getting an STD. Some places are trying to phase this product out. Be sure to use a spermicide that does not contain nonoxynol-9 (check the ingredients).

Spermicides provide lubrication - which can increase sexual pleasure - and can be used with other methods of birth control. They are most effective when used consistently and correctly with a barrier method of birth control, like a condom, cervical cap or diaphragm.

**Foam:** Foam spermicide comes in a can and is the consistency of shaving cream. To use it, shake the can well. Place the vaginal applicator on top of the can or to the side, depending on the package directions. The plunger will rise as the applicator fills. Insert the applicator about two or three inches into your vagina and press the plunger to deposit the foam over your cervix. As you withdraw the applicator, be sure not to pull back on the plunger. This will suck some foam back into the applicator. It is effective immediately. **Creams and Jellies:** Creams are opaque and jellies are clear. They can be inserted into the vagina with an applicator and/or rubbed over the penis. Creams or jellies are typically used with a diaphragm or cervical cap. They can also be used with condoms and are effective immediately. **Vaginal contraceptive film (VCF):** VCF comes in thin squares that dissolve over the cervix. To use it, fold the film in half and then place it on the tip of your finger. Insert your finger into your vagina and put the VCF over your cervix. A dry finger and quick insertion will help the VCF stay in place and not stick to your finger. It may take about 15 minutes for it to melt and become effective. **Suppositories:** Suppositories are capsules that dissolve in the vagina. They are inserted into the vagina like a tampon and pushed up to the cervix. It takes about twenty minutes for a suppository to become effective.

Insert the spermicide within a half hour before sex. Add more spermicide if you are going to have sex again. Leave the spermicide in your vagina for 8 hours after the last time you have sex. Do not douche; douching weakens spermicide. Spermicide is available in most drug stores and does not require a prescription. If you become pregnant while using spermicide, the pregnancy will not be affected.

### Precautions

- When used frequently, spermicides can irritate the vagina, making it easier to catch an STD or HIV (you will be protected, however, if you're also using a barrier method like a condom).
- The level of irritation can depend on which form of spermicide you use: foaming types may irritate more than film or cream (some women have no irritation at all).

**Advantages**

- Available without a prescription.
- Lubrication may increase pleasure.
- Use can be part of sex.
- Does not affect future fertility.
- No prescription necessary.

**Issues to Consider**

- Does not, by itself, protect against STDs or HIV/AIDS.
- Must be readily available and used before having sex.
- Can be messy.
- Can have a bad taste during oral sex.

**Possible Side Effects**

- Genital irritation.
- You or your partner may be allergic to materials in spermicide. This can cause genital irritation, a rash, or itchiness. If this happens and your spermicide has nonoxynol-9, try a spermicide without this chemical. In general, it is better to avoid nonoxynol-9.

**Call Your Doctor If -**

- You or your partner experience genital burning or itching that doesn't go away after trying different types of spermicide. You may need to be tested for STDs.



## SPONGE<sup>52</sup>

**Effectiveness:** 89-91%.

**How It Works:** The sponge is a polyurethane sponge that contains the spermicide nonoxynol-9. The sponge gradually releases spermicide into the vagina while also providing a physical barrier to block the passage of sperm. Sperm are trapped and absorbed before they can reach the cervix. The sponge should be thrown away after each use.

**Insertion:** Wash your hands with soap and water. Holding the sponge in one hand with the dimple (curved in) side facing upward and the loop dangling down, wet the sponge thoroughly with clean tap water. Gently squeeze the Sponge until you see suds. This activates the spermicide and makes the sponge easier to insert. Fold the sudsy Sponge in half - still with the dimple side facing upward - and insert deeply in the vagina, along the back wall to cover the cervix. The dimple should face the cervix, and the loop should face away from the cervix.

**Removal:** Wait at least six hours after you last had sex before removing the sponge. Relax. Put a finger into the vagina and reach upward to find the string loop. Bear down and push the sponge toward your vaginal opening. Hook the finger around the string loop. Slowly and gently remove the sponge. If removal is difficult, tighten your vaginal muscles and hold for ten seconds, then relax and let go. Repeat. While relaxing, breathe out slowly while bearing down and remove the sponge.

### Precautions

- The sponge should not be left in for more than 30 hours.
- Do not use the sponge during your period, immediately after childbirth, miscarriage or an abortion, or if you have ever been diagnosed with toxic shock syndrome.
- Do not use the sponge if you are allergic to nonoxynol-9 (and even women who are not allergic might have irritation from it) which increases your risk for STDs or HIV/AIDS.

**Advantages**

- 24-hour contraceptive protection.
- No interruption of sex.
- Usually can't be felt by you or your partner.
- No prescription is necessary.
- Does not affect future fertility.

**Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Even if you're not allergic, nonoxynol-9 can increase your risk for STDs and HIV/AIDS because it can irritate your vagina.
- Can be difficult to remove or insert, depending on your weight and flexibility.
- Sometimes men can feel the string during vaginal sex.

**Possible Side Effects**

- Increased risk (rare) of toxic shock syndrome.
- Continued use for several weeks can increase risk of yeast infections.
- Some women experience allergic reactions to the spermicide in the sponge - typical symptoms can include vaginal burning, itching, redness, rash or irritation (these can also be symptoms of an STD - call your doctor to be tested).
- The string can increase your risk of uterine infection.

**Call Your Doctor If -**

- You cannot remove the sponge or if it breaks into pieces and you cannot remove all pieces.



## THE PILL<sup>53</sup>

We will refer collectively to the traditional pill and all the various brands as “the pill.” When there are significant differences among brands, we will identify the name of the brand and the key differences. While there are many brands of the pill available, the newest brands are Yaz, Loestrin 24, Seasonale and Seasonique.

**Effectiveness:** 92-99.7%.

**How It Works:** The pill is the most popular type of birth control.

There are many different brands of the pill and they come in packs based on your period cycles. Most come in packs of 21 or 28 pills but the two extended-cycle brands come in packs of 91. The pill stops ovulation, preventing your ovaries from releasing eggs. The pill also thickens your cervical mucus, making it harder for sperm to enter the uterus. In this way it prevents fertilization.

All brands of the pill are made up of active pills (containing hormones) and inactive placebo pills (containing no hormones). One pill is taken every day. The active pills have a combination of synthetic estrogen and progesterone hormones and depending on which brand you use, the active pills are either the first 21, 24, or 84 pills. The specific type of estrogen and progesterone hormones, and the levels of these hormones, is different for each brand.<sup>54</sup>

**Traditional Pills:** Comes in packs of 28. The **first 21** pills are the active pills. The last 7 are placebo pills that are taken the last week of your cycle, when you get your period.

**Yaz, Loestrin 24:** Comes in packs of 28. Main difference is that the **first 24** pills are the active pills. The last 4 are placebo pills that are taken the last week of your cycle, when you get your period.

**Seasonale and Seasonique:** Extended-cycle birth control pills that are designed to give women four periods a year instead of twelve. They come in packs of 91. With both Seasonale and Seasonique, the **first 84** pills are the active pills. With Seasonale, you take placebo pills for the last seven days, when you get your period. With Seasonique, however, you take pills containing a low dose of estrogen instead of placebo pills for the seven days, which may provide benefits, including less breakthrough bleeding. You will still get your period during this time.

If you start the pill within 6 days of the beginning of your period or within 6 days after an abortion, it is effective immediately. If you start at other times, it will be effective after one week. Therefore, you must use another method of birth control as back-up for the first seven days after you start.

Women who want to become pregnant may stop using the pill at any time. One of the advantages of the pill is that its effects are quickly reversible. Typically, your period should start again within three months after you stop taking the pill. Most women ovulate promptly and have a period within four to six weeks.<sup>55</sup> Once ovulation resumes, you can become pregnant.

However, for some women, it may take much longer for their body to adjust. Some women may not have a period for many months.<sup>65</sup> If you don't have a period within three months, take a pregnancy test to make sure that you're not pregnant. If you don't have a period after six months, see your doctor. Different brands of the pill contain different levels of the synthetic hormones estrogen and progesterone. Here are the brand names organized by their hormone levels.<sup>57</sup>

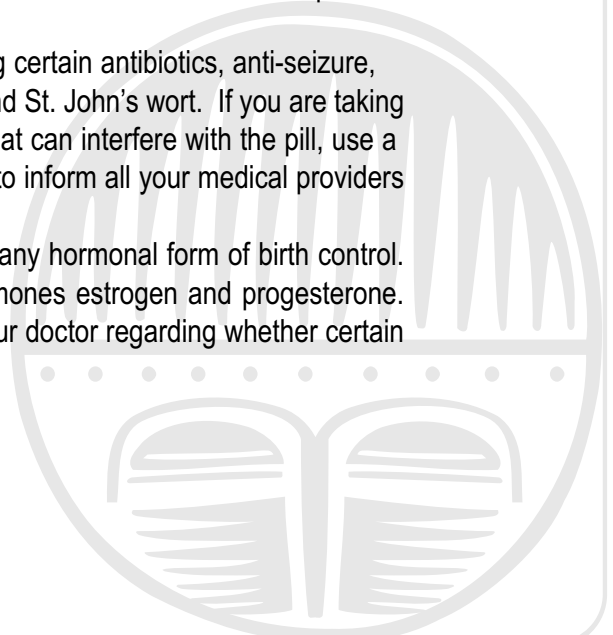
**Low-dose pills:** Alesse, Aviane, Cyclessa 28, Kariva 28, Levlite, Lessina, Loestrin 1/20, Junel 1/20 (generic Loestrin), Mircette, Mircette 28 and Microgestin.

**Regular-dose pills:** Apri 28, Brevicon, Demulen 1/35, Desogen, Estrostep Fe, Levlen, Levora, Loestrin, Lo/Ovral, Low-Ogestrel, Modicon, Necon 1/35, Nordette, Norethin, Norinyl 1+35, Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 7/7/7, Ortho Tri-Cyclen Lo, Seasonale, Seasonique, Tri-Norinyl, Triphasil, Tri-Levlen, Trivora, Ovcon 35, Yasmin, Zovia, Loestrin 1.5/30, Junel 1.5/30, Ortho Tri-Cyclen, Trisprintec (generic Ortho Tri-Cyclen), Sprintec and Portia.

**High-dose pills:** Demulen 1/50, Ortho-Novum 1/50, Ovral, Ogestrel, Ovcon 50, Necon 1/50 and Norinyl 1/50.

### Precautions

- Women who are over 35 and smoke or who have any of the following conditions should not take the pill: history of heart attack or stroke; blood clots; unexplained vaginal bleeding; known or suspected cancer; known or suspected pregnancy; liver disease.
- Women who are under 35 and smoke, have migraines, gallbladder disease, hypertension, diabetes, epilepsy, sickle cell disease, elective surgery, a history of blood clots, liver or heart disease may not be able to take the pill. Since many Black women have hypertension and/or diabetes (or are at risk) and are at risk for sickle cell disease, it is especially important for you to discuss this with your doctor.
- Women who use the pill have a higher risk of heart attack and stroke. The effects of the pill on breast cancer are still unknown.
- Certain medications decrease the pill's effectiveness, including certain antibiotics, anti-seizure, tuberculosis, migraine, anti-fungal and anti-HIV medications and St. John's wort. If you are taking any medications, tell your doctor. When taking medications that can interfere with the pill, use a back-up method of birth control. As with all drugs, it is useful to inform all your medical providers if you are using hormonal birth control.
- If you are breastfeeding, check with your doctor before using any hormonal form of birth control.
- Different brands of the pill contain different levels of the hormones estrogen and progesterone.
- If you have fibroids (as many Black women do), check with your doctor regarding whether certain levels of estrogen will negatively affect your condition.





### **Yasmin and Yaz<sup>58</sup>**

In addition to the precautions listed above:

- Yaz contains a different kind of hormone which may increase potassium levels in your body. If you have kidney, liver or adrenal disease you should not take this brand because it could cause serious heart and health problems.
- Tell your doctor if you are on a daily, long-term treatment for a chronic condition such as cardiovascular or chronic inflammatory disease because this might not be the right kind of pill for you if you have any of these conditions.

### **Seasonale and Seasonique<sup>59</sup>**

In addition to the precautions for the pill:

- Users of extended-cycle birth control pills are more likely to experience breakthrough bleeding or spotting between periods, which could vary between slight spotting to a flow.
- During the first year, total bleeding days are similar to a traditional pill.

### **Advantages**

- Periods can be lighter or more regular.
- Easy to use.
- Does not harm future fertility.
- Does not interrupt sex.
- May protect against uterine and ovarian cancers; acne; iron deficiency anemia resulting from heavy periods; osteoporosis; ovarian cysts; pre-menstrual syndrome; vaginal dryness and painful sex related to menopause.
- Can be used as emergency contraception (talk with your doctor for details).



### **Yaz and Loestrin 24<sup>60</sup>**

In addition to the advantages of the traditional Pill:

- The three additional days of hormones result in less build up of material for menstrual bleeding. In other words, because there is less build up, the result is a shorter period (less than 3 days) and lighter bleeding.

### **Seasonale and Seasonique<sup>61</sup>**

In addition to the advantages of the traditional pill:

- Only get a period 4 times a year.
- Less breakthrough bleeding with Seasonique.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Must be taken every day.
- Less effective when taken with some drugs.
- Increased risk of heart attack and stroke.
- Requires a prescription.
- Can be expensive if you don't have health insurance.

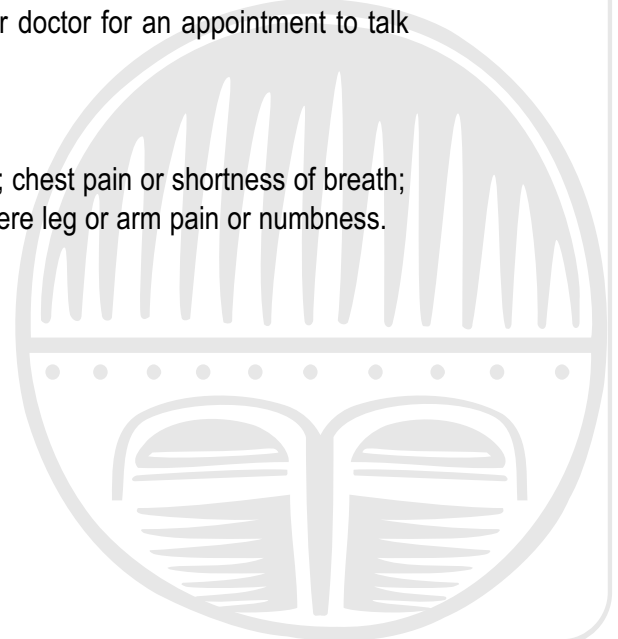
### **Possible Side Effects**

- Weight gain and/or water retention (since many Black women are overweight, you should discuss this with your doctor).
- Irregular bleeding or spotting.
- Nausea.
- Breast tenderness.
- Spotty darkening of the skin.
- Mood changes.

Side effects usually disappear after 2-3 cycles. If your side effects continue after 3 months, or if heavy bleeding occurs, continue taking your pills and call your doctor for an appointment to talk about your prescription.

### **Call Your Doctor If -**

- You experience any of the following: severe abdominal pains; chest pain or shortness of breath; severe headaches; eye problems, such as blurred vision; severe leg or arm pain or numbness.



## MINI-PILLS<sup>62</sup>

**Effectiveness:** 87-99.7% (slightly less than the pill).

**How It Works:** Mini-Pills come in packs of 28 pills and you take one every day. They contain a synthetic form of the progesterone hormone and no estrogen (the pill has both estrogen and progesterone hormones). The Mini-Pill affects the mucus around the cervix and makes it harder for sperm to enter the uterus. It also affects the transport of the egg through the fallopian tubes. In this way, it prevents fertilization. There are hormones in every Mini-Pill; there are no placebo pills (the regular pill has placebo pills).

You may start taking the Mini-Pill at any time (it doesn't matter where you are in your cycle). Use another method of birth control if you have vaginal sex during the first 48 hours of progestin-pill use - protection will begin after two days. It is very important to take the Mini-Pill at the same time each day.

Women who want to become pregnant can stop using Mini-Pills at any time. As discussed above, fertility may return immediately or after a few months depending on the particular woman.

There are three brands of the Mini Pill: Micronor, Nor-QD and Ovrette.

### Precautions

- Women with the following conditions should not use Mini-Pills: unexplained vaginal bleeding; known or suspected pregnancy; breast cancer.
- Mini-Pills might not be recommended for women who have liver disease, gallbladder disease, heart disease, diabetes, or a history of depression. Since many Black women have diabetes (or are at-risk), you should discuss this with your doctor.
- Since every pill has hormones, it is important to take one every day at the same time. Forgetting a Mini-Pill or taking it three or more hours later than your regular time increases your chances of pregnancy. If you have forgotten a pill or take a pill late, use a back-up method of birth control for 48 hours after taking the late pill.
- Certain medications decrease the Mini-Pill's effectiveness, including certain antibiotics, anti-seizure, tuberculosis, migraine, anti-fungal and anti-HIV medications and St. John's wort. If you are taking any medications, tell your doctor. When taking medications that may interfere with Mini-Pills, consider adding a backup method of birth control. As with all drugs, it is useful to inform your doctor if you are using hormonal birth control.

### **Advantages**

- Avoids typical side effects of regular birth control pills, such as nausea and breast tenderness - these usually do not occur with Mini-Pills.
- Has no estrogen (helpful for health conditions that could respond negatively to extra estrogen, such as fibroids).
- Does not affect breastfeeding.
- Easy to use.
- Does not interrupt sex.
- Does not harm future fertility.

### **Issues to Consider**

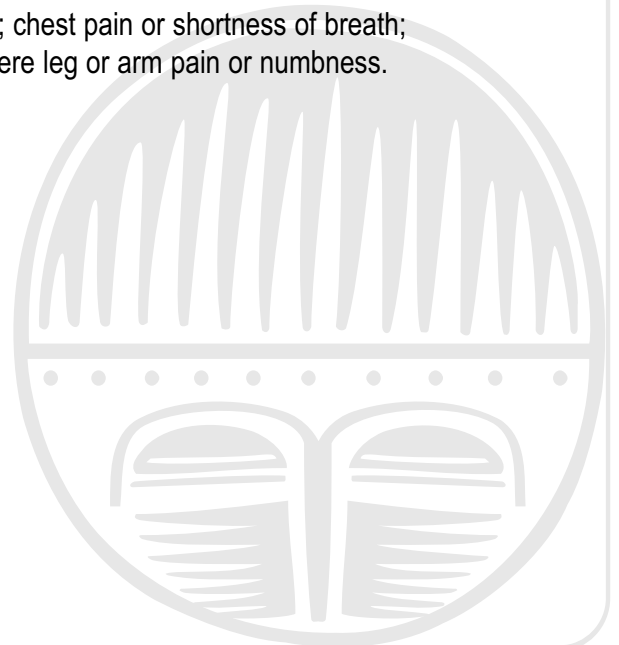
- Does not protect against STDs or HIV/AIDS.
- Must be taken every day at the same time.
- Requires a prescription

### **Possible Side Effects**

- Irregular bleeding (if you do not bleed for 60 days, call your clinic to get a pregnancy test but continue taking your pills).
- Mood changes.
- Headaches.
- Lowered sex drive.
- Weight gain.
- Increased risk of functional ovarian cysts (they are not cancerous and often go away on their own).
- Slight increase in risk of ectopic pregnancy.<sup>63</sup> This occurs when a fertilized egg attaches and grows outside the uterus.<sup>64</sup> This can be very dangerous and requires emergency medical attention (see page 13 for more information).

### **Call Your Doctor If -**

- You experience any of the following: severe abdominal pains; chest pain or shortness of breath; severe headaches; eye problems, such as blurred vision; severe leg or arm pain or numbness.



## **ORTHO EVRA (THE PATCH)<sup>65</sup>**

**Effectiveness:** 99% effective for women under 198 pounds; 92% effective for women weighing 198 pounds or more.

**How It Works:** The patch looks like a square band-aid that is applied to the abdomen, buttocks, upper arm or upper torso. You put on a new patch once a week, for 3 consecutive weeks each month. Then you go “patch-free” the fourth week when you get your period. The patch slowly releases a combination of hormones through the skin. These hormones prevent ovulation (release of an egg) and thicken the cervical mucus, creating a barrier to prevent sperm from entering the uterus. If you start the patch on the first day of your period or on the day of an abortion, no back-up birth control is needed. To apply the patch, choose a part of your skin that is clean and dry. The patch should be placed on a slightly different spot every time to avoid skin irritation but never on the breasts. Try to place it where it will not be rubbed by tight clothing. The day of the week you pick to apply the patch will be the same day you change it a week later.

Check the patch daily to be sure it hasn't come loose or fallen off. If it has fallen off for less than a day, reapply it or put on a new patch as soon as possible. Your patch change schedule will not be affected, nor will the effectiveness of the method. If your patch has not been in place for over 24 hours or if you're not sure how long it has been, you can start your four-week patch cycle over. Use a new patch as soon as possible and record the day of the week. This will be your new patch change day. The patch might not be effective immediately; therefore, use a back-up method of birth control for seven days.

### **Precautions**

- Women over 35 who smoke or have any of the following conditions or family history of these conditions may not be able to use the patch: history of heart attack or stroke; disease of the heart valves with complications; chest pain; blood clots, unexplained vaginal bleeding, severe high blood pressure; diabetes with kidney, eye, nerve or blood vessel complications; known or suspected cancer, liver tumors or liver disease; known or suspected pregnancy; headaches with neurological symptoms; hepatitis or jaundice; requires long bed rest following surgery. Since many Black women have high blood pressure and/or diabetes (or are at-risk), it is especially important for you to discuss these risks with your doctor.
- The average level of estrogen is higher in the patch than in birth control pills. Higher levels of estrogen may put some women at an increased risk for getting blood clots.<sup>66</sup> This would also be an issue for women who have fibroids, since they are negatively affected by estrogen. Please discuss these issues with your doctor.
- Certain medications can lower the effectiveness of the patch, including certain antibiotics, anti-seizure, tuberculosis, migraine medications and some drugs used to treat HIV or AIDS. If you are taking any such medications, tell your doctor.

- If the patch falls off (happens rarely), always replace it with a new one to ensure the method remains effective.
- Women over 198 pounds might not receive a large enough hormone dose for the patch to be effective.
- If you are breastfeeding, check with your doctor before using any form of hormonal birth control.

### **Advantages**

- Easy to use.
- Can be worn for three weeks.
- Affects fertility one month at a time.
- Does not interrupt sex.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Increased risk of heart attack and stroke.
- Requires a prescription.
- It is noticeable - it comes in one pale color which is designed to match white women's skin.

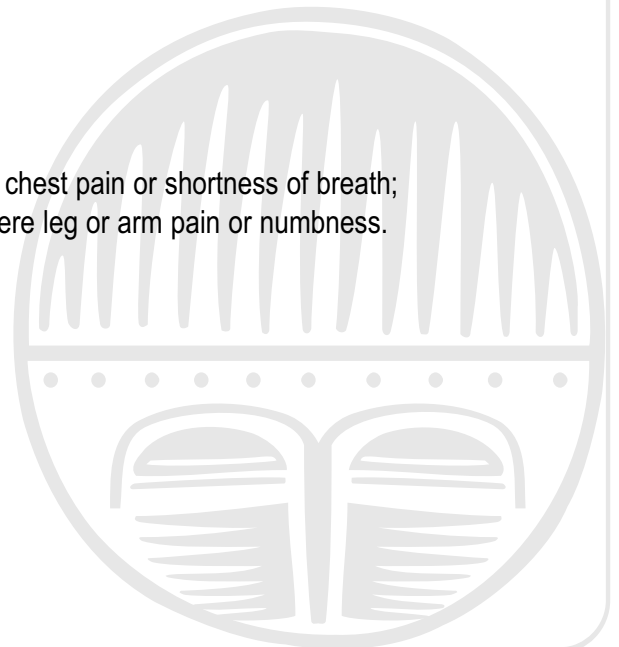
### **Possible Side Effects**

As the body adjusts to hormonal changes, women may experience some minor side effects, including:

- Weight gain, fluid retention or raised blood pressure (since many Black women are overweight, and/or have high blood pressure, you should discuss this with your doctor).
- Skin irritation or rashes at site of patch.
- Irregular bleeding.
- Problems wearing contact lenses.
- Nausea.
- Headache.
- Breast tenderness.
- Mood changes.
- Menstrual cramps or abdominal pain.

### **Call Your Doctor If -**

- You experience any of the following: severe abdominal pains; chest pain or shortness of breath; severe headaches; eye problems, such as blurred vision; severe leg or arm pain or numbness.



## DEPO-PROVERA<sup>67</sup>

**Effectiveness:** 97-99.7%.

**How It Works:** Depo-Provera is a hormone injection that lasts for 3 months to prevent pregnancy. The injection contains a synthetic progesterone hormone and no estrogen. It is usually given in the arm or rear. Depo-Provera stops your ovaries from releasing eggs. It also causes your cervical mucus to thicken and changes the uterine lining, making it harder for sperm to enter or survive. These changes prevent fertilization. Depo-Provera is a very private form of birth control because it cannot be seen on the body and requires no home supplies. It does, however, require a clinic appointment every 3 months.

A new form of this method, called **DepoSubq**, is also available. This injection can be more comfortable than Depo-Provera because it's given under your skin (on the abdomen or thigh) instead of into your muscle. It contains a lower dose of progesterone hormone. It works the same as Depo-Provera.

The first shot of Depo-Provera is usually given during, or a few days after, the start of your period. After 24 hours, the shot is an effective form of birth control for the next 13 weeks. Many women find it useful to schedule their next shot slightly earlier than necessary. That way, if something prevents them from making their appointment, they will still have time to make another appointment before their previous shot runs out.

Women who want to become pregnant may stop using Depo-Provera at any time. For some women, fertility returns immediately. For others, it can take 6-18 months or longer for the body's hormone cycle to go back to normal.

If you decide to switch from Depo-Provera to another hormonal method (such as the pill), it is recommended that you start your new method on the date the next injection is due. Remember to use a back-up method of contraception such as male condoms, female condoms or abstinence for the first seven days that you begin taking another hormonal method.

Women with Cushing's syndrome may take medications that interfere with Depo-Provera. If you are taking any such medications, tell your doctor and consider adding a back-up method of birth control. As with all drugs, it is useful to inform your doctor if you are taking Depo-Provera.

### **Note: History of Abuse**

Black women have been victimized by government agencies, criminal courts and eugenics organizations who take advantage of the fact that Depo-Provera is controlled by the doctor, not the woman. Some have used Depo-Provera as a way to control, punish and coerce Black women to keep them from getting pregnant. On the other hand, if you are in a domestic violence situation, Depo-Provera can be very useful because it's easy to keep as a secret.

Women who are given Depo-Provera should be well-informed about the drug and know that there are other options for birth control. In the U.S. and in other countries, women have been pressured into taking Depo-Provera without knowing what it was. Organizations such as Children Requiring a Caring Community (CRACK) and Positive Prevention try to lure female drug addicts into taking Depo-Provera for money.<sup>68</sup> The goal of these types of strategies is to control the reproductive freedom of poor women and women of color. Should you decide to use Depo-Provera, be sure you are choosing it because you feel it's the best option for you, not because you are being pressured by others.

### **Precautions**

- Women who have unexplained vaginal bleeding, or are pregnant or might be pregnant, should not use Depo-Provera.
- Depo-Provera may not be recommended for women who are planning on becoming pregnant in the near future, are concerned about weight gain, have liver or gallbladder disease or a history of depression. Since many Black women are overweight, you should discuss this with your doctor.
- If you become pregnant while using Depo-Provera and continue the pregnancy, there is an increased risk of premature birth.
- If you are breastfeeding, check with your doctor before using any form of hormonal birth control.

### **Advantages**

- Private.
- Effective after 24 hours.
- Does not require regular attention.
- Does not interrupt sex.
- Has no estrogen (helpful if you have a health condition that would respond negatively to extra estrogen such as fibroids).
- May decrease risk for ovarian and uterine cancers.
- Does not affect breastfeeding.
- Can start Depo-Provera 6 weeks after giving birth.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Requires injections every 3 months at a clinic. Bear in mind, this means more of your time and money and makes you dependent on the clinic.



### **Possible Side Effects**

- Weight gain (since many Black women are overweight, you should discuss this with your doctor).
- Long delay of return to fertility after you stop using it.
- Irregular bleeding.
- Hair loss.
- Depression.
- Bone mineral density - increases risk for losing bone density, which could increase the risk of bone fracture or osteoporosis later in life. Some doctors do not recommend long-term use; others say you need to weigh the pros and cons. Women on Depo-Provera are advised to exercise and take in plenty of calcium. If you have taken Depo-Provera for more than two years, you might want to get a bone density test.

### **Call Your Doctor If -**

- You experience major depression.
- You have any of the following: severe pain in the stomach or abdomen; unusually heavy or prolonged vaginal bleeding; yellowing of skin or eyes.

### **NORPLANT<sup>69</sup>**

Norplant (a set of six match-size hormone capsules inserted under the skin of the upper arm) is no longer available in the United States. It was taken off the market in 2000. Any women who have used this method should have already had their implants removed. Any women who might still have these implants should know that they are no longer effective (they expire after 5 years). They should go to a clinic or hospital to have the implants removed.

A new implant device, called Implanon, will be available in early 2007. Implanon consists of a single rod which is inserted in the upper inner arm and is effective for three years. Implanon works by secreting the hormone progesterone, which inhibits ovulation and causes the cervical mucus to thicken - making it difficult for the sperm to enter the cervix.

### **NUVARING (VAGINAL RING)<sup>70</sup>**

**Effectiveness:** 92-99.7%.

**How It Works:** A vaginal ring is a thin, transparent, flexible ring that you insert into your vagina. It slowly releases estrogen and progestin hormones into the body. It works just like birth control pills; it's just a different way to deliver hormones to your body. These hormones stop ovulation and thicken your cervical mucus, creating a barrier to prevent sperm from fertilizing an egg. You wear the vaginal ring continuously for three weeks (leaving it in for sex). After three weeks, you remove it, take a one week break, and then start the cycle again with a new ring. Each vaginal ring provides one month of birth control.



Insert the vaginal ring during the first 5 days of your period or within 5 days of a first trimester abortion. In the case of a second trimester abortion or childbirth, wait 4 weeks to insert the ring. If breastfeeding, check with your doctor. It's possible, but rare, that the vaginal ring can slip out of the vagina. If this happens, you can wash the ring with cold to lukewarm water (not hot) and reinsert it. If you lose the original ring, insert a new one as soon as possible. If more than three hours pass without the ring in place, there is a chance of becoming pregnant.

To reduce the chance of pregnancy and STDs, especially during the first week of use, use a back-up method of birth control such as male condoms or spermicide. The vaginal ring must be worn continuously for 7 days before it provides effective birth control protection. However, do not use a diaphragm or cervical cap as a back-up method for the ring.

### **Precautions**

- Women who are over 35 and smoke should not use the vaginal ring.
- Women who have, or have a family history of, any of the following conditions may not be able to use the vaginal ring: history of heart attack or stroke; heart valve problems or high blood pressure. Since many Black women have high blood pressure, it is especially important for you to discuss this with your doctor.
- Women who have any of the following should not use the vaginal ring: blood clot disorders, blood clots or vein inflammation; unexplained vaginal bleeding; known or suspected breast or uterine cancer, liver tumors or liver disease; known or suspected pregnancy; headaches with neurological symptoms; chronic constipation; weak pelvic floor muscles; require long bed rest following surgery; diabetes with kidney, eye, nerve or blood vessel complications. Since many Black women have diabetes (or are at-risk), it is especially important for you to discuss this with your doctor.
- Certain medications decrease the vaginal ring's effectiveness, including some antibiotics, St. John's Wort, anti-seizure, tuberculosis, and migraine medications. If you are taking any medications, tell your doctor. When taking medications that could interfere with the vaginal ring, use a back-up method of birth control.
- If you are breastfeeding, check with your doctor before using any hormonal form of birth control.

### **Advantages**

- Easy to use.
- Can be worn for three weeks.
- One ring works for a month.
- Does not interrupt sex.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Requires a prescription.
- Can be difficult to remove or insert, depending on your weight and flexibility.



### **Possible Side Effects**

- Headache.
- Vaginal discharge, irritation or infection.<sup>71</sup>
- Weight gain (since many Black women are overweight, you should discuss this with your doctor).
- Nausea.
- Irregular bleeding.
- Breast tenderness.
- Mood changes.

### **Call Your Doctor If -**

- You experience any of the following: severe abdominal pains; chest pain or shortness of breath; severe headaches; eye problems, such as blurred vision; severe leg or arm pain or numbness; missing a period after having one every month.

## **BREASTFEEDING<sup>72</sup>**

**Effectiveness:** 98-99% effective if breast-feeding exclusively.

**How It Works:** Breastfeeding changes our hormonal levels to prevent ovulation (releasing an egg) every month. For this method to be effective, you need to feed your baby breast milk only (and not add formula or baby food to the baby's diet); give feedings no more than 4 hours apart; AND the baby should be less than 6 months old. Once your period returns, that's a signal that your body has started ovulating again and you need to use another form of birth control.

### **Precautions**

- Once your baby is six months old, you should use another form of birth control as back-up, even if you're still breastfeeding.
- Check with your doctor before using any hormonal forms of birth control while breastfeeding; methods that contain the hormone estrogen can affect your milk supply. Barrier methods or a copper IUD will not affect your milk at all.
- The Mini-Pill, Depo-Provera and DepoSubq are preferred hormonal methods for breastfeeding women because they don't contain the hormone estrogen. They can be started six weeks after you give birth; check with your doctor for more details.
- Check with your doctor if you are taking any kind of medication, including hormonal birth control, before breastfeeding.

**Advantages**

- All natural.
- No cost (unless you buy a breast milk pump).
- Helps your uterus shrink in size more quickly.
- Burns calories and helps you lose pregnancy weight more quickly (since many Black women are overweight, this is an important advantage).
- Loving, bonding experience for you and your baby.

**Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Think about whether your schedule and lifestyle will make it difficult for you to feed your baby breast milk every four hours (one option to consider is buying a breast milk pump to pump your milk ahead of time, bottle it and store it in the fridge).

**Possible Side Effects**

Some women have problems when they first start breastfeeding; these problems are usually easy to treat.

- Engorgement (too much milk builds up in the breast, stretching the skin and nipple).
- Sore nipples.
- Blocked ducts (ducts are small tubes inside your breast that carry milk to the nipple).
- Mastitis (an infection caused by bacteria in the milk ducts).

**Call Your Doctor If -**

- You experience any of the following: fever; pain; bleeding; rash; lumps; redness.



## **CONTINUOUS ABSTINENCE<sup>73</sup>**

**Effectiveness:** 100%.

**How It Works:** This means not having sex at all with a partner.

### **Precautions**

- This can be very difficult to maintain for a long period of time.
- This method will not work well for you if your partner is not willing to avoid vaginal sex.
- This won't work for you if you and your partner are not disciplined.
- Mutual masturbation can be a satisfying alternative; however, it could also lead to sex.
- If you are in a relationship, this can present a challenge to that relationship.

### **Advantages**

- No medical or hormonal side effects.
- Sexual relationships present physical and emotional risks - abstinence is a good way to postpone many of those risks until you are able to handle them.
- Women who abstain until their twenties, and who have fewer partners in their lifetimes, may be less likely to get STDs, HIV/AIDS and cervical cancer.

### **Issues to Consider**

- If and when you decide to start having sex, you need to plan how you will protect yourself from STDs and what method of birth control you will use (if you don't want to get pregnant).

### **Possible Side Effects**

- None.

### **Call Your Doctor -**

- Before you become sexually active to get a well-woman exam.

## **FERTILITY AWARENESS METHOD<sup>74</sup>**

**Effectiveness:** Varies according to which methods you use, how predictable your cycles are and how careful you and your partner are.

**How It Works:** The fertility awareness method (FAM) is a collection of practices that help you know which days of the month you are most likely to get pregnant. You can learn when you will be ovulating by observing your own body and charting physical changes. You can then use this information to avoid or encourage pregnancy. The most effective way to discover your fertile time is to practice all of the techniques described here.

FAM will increase your understanding of your body and menstrual cycle. To be effective as birth control, you must abstain from sex or use a barrier method of birth control during your fertile time, which is about ten days a month.

FAM relies upon the following assumptions:

- An egg can live inside a woman's body for 12-24 hours.
- Sperm can live in a woman's body up to 5 days after sex.

How FAM works:

Pregnancy is prevented by not having sex during your fertile time or by using a barrier method during that time. FAM is most reliable for women with regular periods (meaning that the number of days between periods is usually the same and somewhere between 21-35 days). As you become more familiar with the signs of ovulation and the pattern of your period cycle, FAM becomes more effective. It works best if you use a combination of methods.

The most effective methods are the following:

**Calendar Charting:** This method helps you predict the days that you might be ovulating based on keeping a history of how long each period cycle is and then calculating the days that you will possibly be fertile (so that you can avoid vaginal sex on those days). Ideally, you want to chart your periods for 8 months to get a good idea of your pattern.

If your cycles are 26-32 days long, you can try using a product called "Cycle Beads" to help you track your fertile days. This is a color-coded string of beads. Each bead represents the days of your cycle and your fertility level for each day.

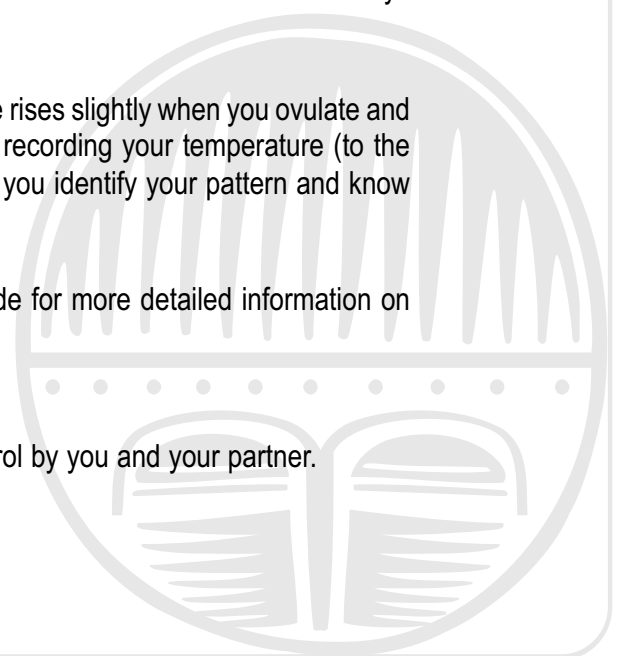
**Cervical Mucus Monitoring:** The hormones that control your period also affect the mucus that comes from your cervix. Just before and during the time you ovulate (produce an egg), your cervical mucus changes. This method involves checking your cervical mucus several times a day for changes that help you identify the days you are fertile.

**Basal Body Temperature Monitoring:** Your body temperature rises slightly when you ovulate and remains higher until just before your next period. Taking and recording your temperature (to the first decimal point) when you first wake up every day will help you identify your pattern and know when you are fertile.

See the Readings & Resources section at the end of this guide for more detailed information on how to use these three methods.

### **Precautions**

- Requires considerable commitment, calculation and self-control by you and your partner.



### **Advantages**

- Can be used to plan or prevent pregnancy.
- Effective if used correctly and consistently, especially for women who have regular menstrual periods.
- Acceptable for couples with religious concerns about contraception.
- Increases your awareness and understanding of your body.
- Couples may develop greater communication, cooperation and responsibility.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- For couples who choose not to abstain during the fertile period, use of barrier methods at that time can offer considerable protection against pregnancy.
- Learning to use the method takes time and effort.
- Basal body temperature tells you when you ovulate after the fact (you use your past patterns to help you predict when you think you'll next ovulate).

### **Possible Side Effects**

- None.

### **Call Your Doctor If -**

- You need more advice on how to use these methods.

## **WITHDRAWAL<sup>75</sup>**

**Effectiveness:** The effectiveness of the withdrawal method depends on the level of communication between partners before and during sex, as well as the male partner's knowledge and experience with his own body.

**How It Works:** Withdrawal (coitus interruptus) refers to the man removing his penis from your vagina before he ejaculates (comes). Withdrawal might be the most common method of birth control since it's free and always an option. It prevents contact between egg and sperm, reducing the possibility of an unintended pregnancy. Withdrawal has been criticized as a non-method.

The penis releases two kinds of fluids during sex. The first is pre-ejaculate (pre-come), a lubricant. This fluid usually contains no sperm but can transmit infections. The second, released with ejaculation, is semen, which carries thousands of sperm in addition to any sexually transmittable infections that may be present. Critics of the withdrawal method argue that pre-come can contain sperm. This is because previous ejaculations can leave some sperm behind in the folds of the penis. While there is a need for further study, it is likely that urinating before sex washes left-over sperm from the urethra, the tube from which both urine and semen exit the penis. To ensure no sperm enter the vagina during sex, the man should urinate and wipe the tip of his penis before sex. You can have vaginal-penile sex until he nears ejaculation.

When a man feels he is close to ejaculation, he must withdraw his penis from the vagina and crotch. Both partners can continue to stimulate each other and themselves as long as they avoid putting sperm in contact with the vulva. Even sperm outside the vagina, such as on the vulva or on the legs near the vulva, can travel to the uterus and cause pregnancy.

Some people choose to have vaginal sex to start, then withdraw and use other forms of stimulation to reach orgasm. This use of withdrawal can reduce anxiety about the timing of your partner's ejaculation and reduce the risk of unintended pregnancy.

### **Precautions**

- Withdrawal will not be effective if the man is unable to withdraw before he orgasms.
- Partners who are less experienced with withdrawal have a higher risk of pregnancy when they first try this method. Teens are the age group for which this method is the least effective. To increase effectiveness, use spermicide or fertility awareness methods (discussed on pages 58-60) to learn when you are most and least fertile.
- If sperm comes near or inside the vagina, taking emergency contraception is an option for preventing pregnancy.

### **Advantages**

- Free and always available.
- No side effects.
- Does not alter your periods.
- Does not affect future fertility.
- Can help partners be more aware of and learn about their sexual responsiveness.
- May be a more acceptable form of birth control for people with religious concerns about other contraceptive tools.

### **Issues to Consider**

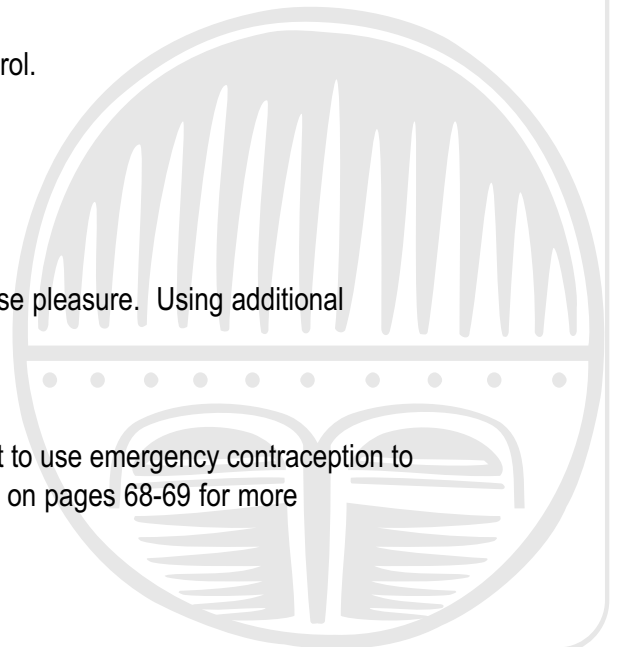
- Does not protect against STDs or HIV/AIDS.
- Nervousness and sexual interruption may lessen pleasure.
- Requires man's ability to predict ejaculation and use self-control.
- Less effective with less sexual experience.
- Less effective than other methods of birth control.
- Less effective if under the influence of alcohol or drugs.

### **Possible Side Effects**

- Some partners may experience nervousness that can decrease pleasure. Using additional methods of birth control can reduce anxiety.

### **Call Your Doctor If -**

- You think your partner has not withdrawn in time and you want to use emergency contraception to prevent pregnancy (see the emergency contraception section on pages 68-69 for more information).



## TUBAL LIGATION (GETTING YOUR TUBES TIED)<sup>76</sup>

**Effectiveness:** 99.5%.

**How It Works:** This is a surgical technique to sterilize women (make them infertile). This procedure closes the fallopian tubes, preventing any eggs from reaching the uterus and prevents sperm from fertilizing any eggs. The fallopian tubes are cut, burned, or blocked with rings, bands or clips. The surgery is effective immediately. Women are fully able to enjoy sex after a tubal ligation. Usually, hormone levels and periods are not noticeably changed.

One method, called Essure, can be done in a doctor's office under local anesthesia. This method is done through the vagina, in which coils are placed in each fallopian tube. The coils promote the tube to grow tissue that will block the tubes. This method is not effective immediately - you will need to use a back-up method of birth control for three months to give your tubes enough time to grow the blocking tissue. Because this method is done through the vagina, it does not require an abdominal incision.

A tubal ligation is a relatively simple out-patient surgery done in a clinic, doctor's office or hospital. It can be performed under local or general anesthesia. A variety of surgical methods can be used – some can be done with very small incisions. Each method has different risks and benefits. Be sure the doctor discusses surgical options with you, describes the risks and answers all of your questions before the surgery.

Tubal ligation is considered permanent sterilization. The decision to have it done should not be made lightly. Ask yourself the following: Would you change your mind if major changes in your life occurred, including a separation or even the death of a partner or child? Consider as many possibilities as you can before making your decision. Know your options.

**Wait Periods and Other Rules:**<sup>77</sup> Depending on whether you have insurance or not, what type of insurance you have, and where you want to get this procedure done, there are rules regarding how long you need to wait for the surgery after giving your written consent. If your surgery will be covered through federal funds (for example, if you have Medi-Cal or if you're going to a government-funded hospital or clinic), you have to be 21 years or older.<sup>78</sup> Check with your insurance plan and/or with the clinic you want to use to find out what the specific rules are.

You cannot be asked for your consent for sterilization when you are in labor, seeking an abortion, or under the influence of alcohol or any other mind-altering substance. If you are pregnant and want your tubes tied right after you give birth, you need to give your consent during the second trimester of your pregnancy to avoid going beyond the 180-day limit on giving consent (they expire after 180 days).<sup>79</sup>



**If You Have Private Insurance:**<sup>80</sup> Under most plans, a 48-hour to 30-day wait period is required. The purpose of the wait period is to ensure that you are making an informed decision.

### **Note: History of Abuse**

Sterilization has a long history of abuse in the United States and around the world. It was once common to perform sterilizations on disabled women. In the past, many poor women and women of color were refused medical care unless they agreed to be sterilized. Sterilization has often been proposed as a solution to poverty. Forced sterilization is a violation of human rights. Be sure that you make your decision based on your needs and not under pressure by others.

### **Precautions**

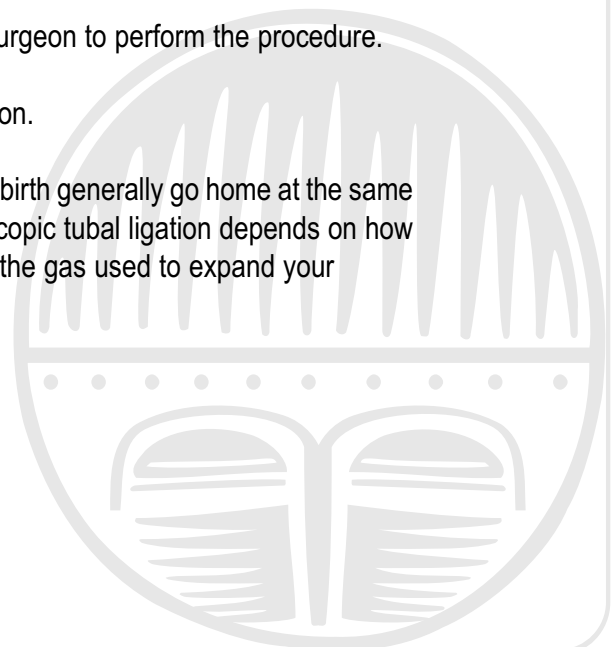
- Although pregnancy is unlikely, there is a risk of ectopic pregnancy. This occurs when a fertilized egg attaches and grows outside the uterus. This can be very dangerous and requires emergency medical attention (see page 13 for more information).
- This is considered a permanent method of birth control. Surgery to reverse a tubal ligation is not always effective and is difficult and expensive. Women who have reversal surgery and become pregnant have a higher risk of ectopic pregnancy.

### **Advantages**

- Permanent birth control.
- Immediately effective (unless you decide to have the Essure method done, which takes 3 months to become effective but is less surgically invasive).
- Allows sexual spontaneity.
- Requires no daily attention.
- Not messy.
- Cost-effective in the long run.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Young women with no children may have difficulty finding a surgeon to perform the procedure.
- Requires surgery and any surgery has risks.
- More complicated and medically invasive than male sterilization.
- Future regret.
- Recovery time: Women who get tubal ligations after a vaginal birth generally go home at the same time they would normally go home. Recovery from a laparoscopic tubal ligation depends on how quickly you recover from anesthesia and the discomfort from the gas used to expand your abdomen. Assume you'll need at least 2-3 days to recover.



### **Possible Side Effects**

- Tiredness.
- Slight soreness by the incision.
- Slight (temporary) change in bowel movements.
- Feeling dizzy.
- Feeling sick to your stomach.
- Shoulder pain.
- Abdominal cramps.
- Gassy or bloated feeling.
- Sore throat.
- Irregular and painful periods, mid-cycle bleeding or no periods at all.
- Bladder infections.

### **Call Your Doctor If -**

- Any of the above discomforts continue or get worse after the first few days.

## **VASECTOMY<sup>81</sup>**

**Effectiveness:** 99.9%.

**How It Works:** A vasectomy is a sterilization technique for men. It requires minor surgery to cut the tubes that carry sperm to the semen when men ejaculate (come). Without sperm, fertilization of an egg cannot occur and pregnancy is prevented. Vasectomies are usually done in a clinic or doctor's office and are much simpler procedures than female sterilization.

Local anesthesia is used for the surgery. The doctor makes a small opening in the skin of the scrotum. This allows the sperm tubes (vas deferens) to be cut. The procedure takes about 15 minutes. Men usually rest at the clinic after the procedure. When they return home, ice packs and painkillers can ease any swelling and discomfort. It is recommended that men take 2 days off from work and perform only light activities for a week. For 2 days, it is helpful to wear scrotal supports and not bathe. It may take a week for men to feel comfortable having sex again.

Men are able to fully enjoy sex after having a vasectomy. Their ability to have and maintain an erection, hormonal levels and the feeling of orgasms all stay the same. Also, the amount of fluid that men ejaculate does not noticeably change.

About 70% of reversal surgeries are effective. However, pregnancy occurs less frequently. The earlier a reversal is performed, the better the rates for restored fertility.

Vasectomy is considered permanent sterilization. The decision to have it done should not be made lightly. Ask yourself the following: Would you change your mind if major changes in your life occurred, including a separation or even the death of a partner or child? Consider as many possibilities as you can before making your decision. Know your options.

### **Precautions**

- Vasectomies are not effective right away. The sperm that was already in the tubes before the operation need to be ejaculated. This may take about 10-30 ejaculations. Using other forms of birth control is important until follow-up tests with your doctor show two negative sperm counts. This usually means that you'll need to use back-up birth control for about 3 months after the vasectomy is performed.
- Few long-term complications occur, but very rarely, the cut ends of the vas deferens rejoin and allow sperm to flow into the semen again. This can lead to an accidental pregnancy.

### **Advantages**

- There are no side effects for women.
- Peace of mind - you know you won't get pregnant.
- Does not affect the woman's fertility.
- Less complicated than female sterilization.
- Permanent birth control.
- Allows sexual spontaneity.
- Requires no daily attention.
- Does not affect pleasure.
- Not messy.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Not immediately effective.
- Requires minor surgery in a clinic.
- Possible rejoining of the vas deferens.
- May not be reversible.
- Possible regret.

### **Possible Side Effects**

- Bruising and swelling are normal and usually go away within a few days to a week.

### **Call Your Doctor If -**

- Bleeding, pain, fever or chills.



## INTRAUTERINE DEVICE (IUD)<sup>82</sup>

**Effectiveness:** 99.2 - 99.9%.

**How It Works:** An intrauterine Device (IUD) is a small, plastic, T-shaped object that is inserted through the cervix and placed in the uterus to prevent pregnancy. A small string hangs down from the IUD into the upper part of the vagina. IUD placement is done by a doctor during an office visit. Once in place, the IUD stays in your uterus until your doctor removes it. IUDs prevent pregnancy by blocking the egg and sperm from meeting. IUDs can also stop a fertilized egg from growing inside the uterus.

Two types of IUDs are currently available: hormonal and copper. The copper IUD has a tiny copper wire wrapped around the plastic body - it does not contain any hormones. The copper IUD can remain in your body for as long as 10 years. The hormonal IUD releases small amounts of a synthetic hormone called progesterone. It needs to be replaced every 5 years.

Getting an IUD involves a clinic visit. To prevent infection, clinics require women to have a check-up first. This should include a full medical, pelvic, and breast exam, with a Pap smear, STD check, and pregnancy test. If anything unusual is found, it is addressed before the IUD is inserted. After insertion, an IUD is effective immediately.

An IUD is usually inserted during your period, when the cervix is slightly open and pregnancy is least likely. It may be inserted at any time, however. The procedure for insertion takes about 5-15 minutes. Most women feel cramping during and after insertion. Over-the-counter pain relievers can help relieve cramping. After it's inserted, you should regularly check that the IUD is in the right place by using your finger to feel inside your vagina for the IUD string.

An IUD can be removed at any time and the procedure is quicker and easier than insertion. If it is removed near ovulation, a woman may become pregnant from recent sex she has had before IUD removal.

In the rare event that a woman becomes pregnant while using an IUD, it is highly recommended that she have the IUD removed, whether or not she wants to complete the pregnancy. An IUD increases the risk of miscarriage or premature birth.

IUDs have a poor reputation in the United States. An older kind of IUD, which is no longer available, had serious side effects, including pelvic infections and infertility.<sup>83</sup> Today's IUDs are much safer and more effective. Doctors are also more careful in selecting patients who can safely use IUDs.<sup>84</sup>

### **Precautions**

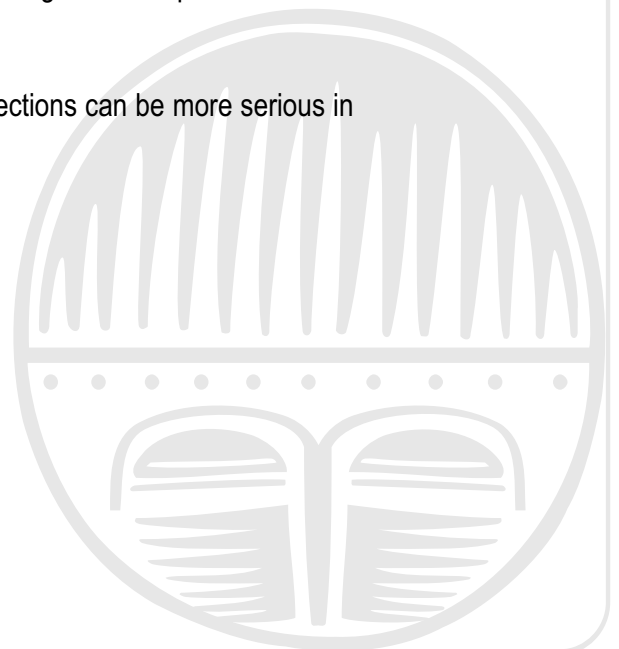
- Women with the following conditions should not use IUDs: recent or repeated pelvic infection; at risk for pelvic inflammatory disease (PID); pregnancy or suspected pregnancy; severe cervicitis (inflammation of the cervix); abnormal PAP smear; salpingitis (inflammation of fallopian tubes); malignant lesions in the genital tract; unexplained or undiagnosed vaginal bleeding; HIV/AIDs; lower immune response; history of toxic shock syndrome; heart disease; physical inability to check IUD; previous problems with an IUD.
- IUDs may trigger bacterial infections that can lead to serious pelvic infections which can cause infertility if left untreated.<sup>85</sup> For example, some women may experience a pelvic infection with in the first few weeks of placement, as the insertion process may introduce bacteria in the uterus.<sup>86</sup> Your doctor may prescribe antibiotics before insertion to reduce the risk of such infections. If you have multiple partners or if your partner has multiple partners, your chance of infection is much higher.
- A woman who becomes pregnant while using an IUD is more likely to have an ectopic pregnancy. This occurs when a fertilized egg attaches and grows outside the uterus. This can be very dangerous and requires emergency medical attention (see page 13 for more information).
- The synthetic hormone in the hormonal IUD can cause a delay in return of periods and fertility after it is removed.
- Women with a history of breast cancer cannot use the hormonal IUD.
- Copper IUDs are not recommended for women with Wilson's disease or allergies to copper.

### **Advantages**

- Highly effective form of birth control.
- Allows sexual spontaneity.
- Requires no daily attention.
- Immediately effective.
- Long-lasting.
- Not messy.
- Hormonal IUDs can decrease menstrual cramping and produce lighter or no periods.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDs; in fact, these infections can be more serious in women who have an IUD.
- Insertion and removal require clinic visits.
- Can fall out, most often in the first year of use.
- Copper IUDs can cause more difficult menstrual periods.
- Sometimes men can feel the string during vaginal sex.



### **Possible Side Effects**

- The uterine wall could get pierced during insertion of the IUD (this is rare).
- Over time, an IUD may become embedded (stuck) in the uterine wall. The IUD is still effective, but it can be painful and may need to be removed. There is a risk of surgery and/or sterility if this happens (this is rare).
- Copper IUD can cause anemia.
- Copper IUDs can increase vaginal bleeding and menstrual pain.
- Hormonal IUDs may cause ovarian cysts but they are usually asymptomatic and resolve spontaneously.
- Hormonal IUDs can cause weight gain, headaches, acne, depression, and decreased sex drive (these side effects occur less than 5% of the time and decrease over time).

### **Call Your Doctor If -**

- You experience any of the following: severe abdominal pain; pain during sex; unusual vaginal discharge; a change in the length or position of the IUD string.

## **EMERGENCY CONTRACEPTION<sup>87</sup>**

**Effectiveness:** reduces the risk of pregnancy by 75%-85% if taken within 72 hours of having unprotected vaginal sex; effectiveness decreases when taken after this time frame.

**How It Works:** Pregnancy can be prevented after unprotected sex by taking emergency contraception (EC) pills that give you a short, high burst of synthetic hormones. There are two different hormone forms of EC: a combination of birth control pills containing the hormones estrogen and progesterone OR the “Plan B” pills, which have progesterone only. Plan B is considered to be more effective and have fewer side effects than the birth control pill form of EC.<sup>88</sup> The exact mechanics of how this works are not known. Depending on where you are in your cycle, it can temporarily disrupt the functioning of your different reproductive organs to make it difficult for pregnancy to occur. EC can be used within 120 hours (5 days) after sex. It is most effective within the first 24 hours. Examples of situations where EC is useful include: the condom slipped or tore; your partner ejaculated inside your vagina before he could pull out; you were forced to have unprotected vaginal sex; or you did not use birth control.

The first dose of EC is taken within 120 hours of unprotected sex. The second dose is usually taken 12 hours later. EC may be taken after 120 hours, but its effectiveness is lower.

If you vomit within a half hour of taking EC, call your clinic. Vomiting can decrease effectiveness. To decrease your risk of nausea and vomiting, take an anti-vomiting medication 30 minutes before taking EC (you can use an over-the-counter anti-nausea medication).

EC does not prevent future pregnancies and is less effective than other methods of birth control. If you want to prevent future pregnancies, choose one of the many types of birth control described in this guide, depending on which best suits your needs.

EC pills require a prescription. However, the FDA recently approved over-the-counter availability for women over the age of 18. In California, you can get EC from many pharmacies without a clinic visit or prescription ahead of time. You can call ahead to make sure the pharmacist on duty is trained to give out EC. To find the pharmacist closest to you, contact the national EC Hotline at 1-800-584-9911. The California hotline is 1-888-668-2528. The hotline is available 24 hours a day in Spanish and English. Or go to [www.not-2-late.com](http://www.not-2-late.com) for a listing of pharmacy providers in your area. Or you can ask your doctor to give you the pills or the prescription ahead of time.

**Do not confuse EC pills with the abortion pill. They are completely different medications taken for different purposes. The abortion pill is an early abortion option for women who are 8 weeks pregnant or less. It is used after pregnancy is established. EC, also known as the “morning after pill,” is used to *prevent* pregnancy after unprotected sex if taken within 5 days or less after having sex. EC does not cause an abortion and it will not harm an existing pregnancy.**

### **Precautions**

- If using the high-dose birth control pill method of EC: the precautions against the daily use of birth control pills for women who have a history of ectopic pregnancy, cardiovascular disease, migraine, liver disease or who are breastfeeding are not relevant when using birth control pills for EC purposes - these women CAN safely take these pills for EC because it's a one-time use.
- If for any reason you want to avoid taking any drugs containing the estrogen hormone (for example, if you have problems with fibroids), then use the Plan B form of EC.
- Check with your doctor or pharmacist if you're taking any other medications on a regular basis to see if they would interact negatively with EC, or if they would make the EC less effective.

### **Advantages**

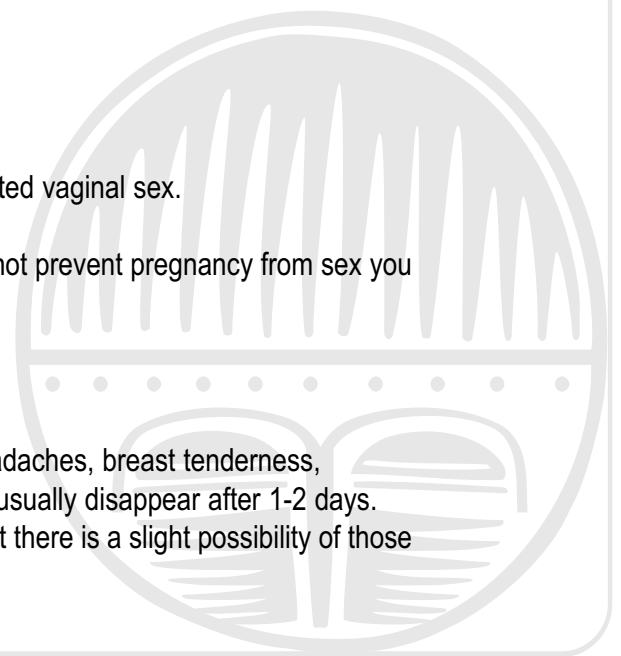
- Can be used after sex (but the sooner the better).
- Can get pills ahead of time so you have them when you need them.
- Easy to use.
- Does not affect future fertility.

### **Issues to Consider**

- Does not protect against STDs or HIV/AIDS.
- Most effective when taken as soon as possible after unprotected vaginal sex.
- Not effective as a regular form of birth control.
- Prevents pregnancy only from the last time you had sex; will not prevent pregnancy from sex you have afterwards.
- Might not prevent an ectopic pregnancy.

### **Possible Side Effects**

- For the birth control pill method of EC: nausea, vomiting, headaches, breast tenderness, dizziness, fluid retention and irregular bleeding. Side effects usually disappear after 1-2 days.
- For Plan B: much less likely to have any side effects at all, but there is a slight possibility of those listed above.



### **Call Your Doctor If -**

- Side effects don't disappear after two days.
- You experience possible symptoms of ectopic pregnancy: severe abdominal pains; chest pain or shortness of breath; severe headaches; blurred vision or other eye problems; severe leg or arm pain or numbness; lightheadedness or dizziness; persistent, irregular bleeding.

### **ABORTION**

Let's say you find yourself pregnant, but have decided that you want to end the pregnancy. You are not alone. Every year, about 1.3 million women in the United States have an abortion.<sup>89</sup> There are many reasons why women make this decision. Some do so because they are not ready to become a parent, don't want to be a single parent, can't afford to be a parent, already have all the children they want . . . the list goes on. Whatever your reason, it's important for you to understand your options.

In this section, we will describe the two categories of abortions: chemical and surgical. Which type is right for you depends on how long you've been pregnant, your health and your preferences.<sup>90</sup> Whichever kind of abortion you're considering, the earlier in your pregnancy that it's done, the safer it will be. When thinking about risk, keep in mind that abortion actually poses a lower health risk to women than completing a pregnancy and giving birth.<sup>91</sup> You might also be concerned about the emotional consequences of having an abortion. Women who have had abortions report feeling a wide range of emotions at first, from relief to stress to sadness<sup>92</sup> - it depends on each woman. When you are deciding where to have your abortion, ask the clinic about any counseling services they offer or can refer you to, in case you want them. However, long-term, severe emotional complications after an abortion are very rare.<sup>93</sup> Again, to put this in perspective, remember that childbirth can also cause emotional problems for women.

**Beware of “Pregnancy Resource” or “Crisis Pregnancy” Centers:** In July 2006, the Special Investigations Division of the U.S. House of Representatives released a report on centers who had received government funding for “abstinence only” sex education and pregnancy counseling services. The report found that almost all of these centers provided false information to clients.<sup>94</sup> Some of the dangerous myths that they told to clients are that abortions can increase the risk of breast cancer (WRONG); that abortions would harm a woman's ability to have children in the future (WRONG); and that most women who have an abortion suffer from severe emotional problems (again, WRONG). To find an abortion provider who will provide accurate and responsible counseling, as well as abortion services, you can: 1) ask your doctor or 2) call Planned Parenthood at 1-800-230-PLAN or the National Abortion Federation at 1-800-772-9100 (this number will also provide you with general information about abortions). Abortion is an important option for women to have but it is not an ongoing form of birth control. We urge you to seriously consider your birth control options (as described in this guide) so that you can have as much control as possible over your fertility.



## **CHEMICAL: MIFEPRISTONE AND MISOPROSTOL (ABORTION PILL)<sup>95</sup>**

**Effectiveness:** 95-97% effective within two weeks.

**How It Works:** The abortion pill (brand name Mifeprex) is a form of early abortion caused by the combination of two medications, mifepristone and misoprostol. Also known as RU486, mifepristone has been used safely in Europe for many years. The abortion pill is an early abortion option for women who are 8 weeks pregnant or less.

During the first appointment at the clinic, you receive the mifepristone pill to take orally. Then 24 to 72 hours later, in the privacy of your own home, you insert small tablets of misoprostol into your vagina, which causes contractions resulting in a miscarriage.

Mifepristone blocks the hormone progesterone needed to maintain the pregnancy. Because this hormone is blocked, the uterine lining begins to shed, the cervix begins to soften and bleeding may occur. When the misoprostol is later inserted into the vagina, the uterus contracts and the pregnancy is usually terminated within 6 to 8 hours.

Because you decide when to take the second medication within the time frame of 24 to 72 hours after the first medication, you have some control over when you experience the miscarriage and its side effects. Some women choose the abortion pill because of the privacy it offers. Some women feel empowered by taking an active role in the process.

Upon taking mifepristone at the clinic, you may begin to bleed. As each woman's body is different, the amount of bleeding varies. Some experience only spotting; others bleed like their regular period or a heavier period. Some women do not experience any bleeding until after taking the misoprostol.

Upon inserting the misoprostol tablets into your vagina, cramping, bleeding and clotting may begin in as soon as 20 minutes. Within the next 6 to 8 hours, most women will miscarry. Cramping may come in waves. You can expect the bleeding to be heavier than a menstrual period with large clots. During this time, you will pass the embryo although you may not see it since it is very small. The amount of bleeding when using the abortion pill is greater than with surgical abortion. A follow-up exam is scheduled for two weeks later to make sure the process is complete. If you have not yet miscarried, the clinic can perform a surgical abortion. This happens to only 5% of women who use mifepristone and misoprostol.

There are no known long-term risks associated with using mifepristone and misoprostol. Therefore, women can pursue another pregnancy whenever they feel the time is right after using the abortion pill.

**Do not confuse the abortion pill with emergency contraception (EC) pills. They are completely different medications taken for different purposes. The abortion pill is an early abortion option for women who are 8 weeks pregnant or less. It is used after pregnancy is established. EC, also known as the “morning after pill,” is used to *prevent* pregnancy after unprotected sex if taken within 5 days or less after having sex. EC does not cause an abortion and it will not harm an existing pregnancy.**

### **Precautions<sup>96</sup>**

The abortion pill has been in use in the U.S. since the year 2000 and has been used successfully by approximately 460,000 women. However, since 2003, six deaths (four of them in California) have been linked to the abortion pill. Two of the four deaths in California were linked to a bacterial infection that can cause toxic shock syndrome. Investigators have not been able to determine the exact causes of these deaths.<sup>97</sup> One factor that all the women had in common is that they used the misoprostol tablets vaginally instead of orally (they inserted them in their vaginas, rather than swallowing them). Some doctors advise vaginal use of these pills because it slightly increases their effectiveness. However, vaginal use of these pills has not been approved in the U.S. It's possible that vaginal use of this medication could lead to bacterial infection and toxic shock syndrome. Because of the recent deaths and lack of certainty regarding the cause of death, some doctors are no longer giving it to their patients at all. In March 2006, Planned Parenthood stated that they would give the pills to patients orally instead of vaginally. If you have any concerns about the abortion pill, you should discuss your concerns with your doctor.<sup>98</sup>

Mifepristone and misoprostol may not be recommended if you:<sup>99</sup>

- Have had a blood clotting problem or are taking anticoagulant medicine.
- Have severe anemia.
- Have adrenal failure.
- Are taking long-term systemic corticosteroids.
- May have an ectopic pregnancy.
- Have a mass in your tubes or ovaries.
- Have inherited porphyria.
- Have an allergy to mifepristone, misoprostol or other prostaglandin medicine.
- Have severe diarrhea.

If pregnancy continues after taking these medications, there is a high risk of fetal deformities. Also, if you are breastfeeding, check with your doctor before using any form of hormonal birth control.

**Advantages**

- Requires no surgery (in most cases).
- Occurs in the privacy of your home.

**Issues to Consider**

The abortion pill may be an option if you:

- Are less than 8 weeks since your last menstrual period.
- Are willing and able to give informed consent.
- Have the support you need, such as access to reliable transportation and ability to communicate with the clinic by telephone.
- Live no more than 2 hours away from emergency medical care (a hospital).
- Are able to come back to the clinic for 1-3 follow-up appointments.
- Agree to have a surgical abortion if the Misoprostol does not induce termination.
- Are willing to insert medications into your vagina.

**Possible Side Effects**

- Most of the side effects associated with using this early abortion option are caused by the second medication, misoprostol. Side-effects may include heavy bleeding, headache, nausea, vomiting, diarrhea, and heavy cramping.

**Call Your Doctor If -**

- You have signs of infection, which include severe abdominal pain, light-headedness, palpitations or severe nausea.

In rare situations, the heavy bleeding could require a surgical abortion and very rarely, a blood transfusion. Therefore, it is best to go to a clinic that can provide a 24-hour hotline number to call if you have any problems.



## SURGICAL ABORTION

**Effectiveness:** almost 100%.<sup>100</sup>

**How It Works:** The most common form of surgical abortion, which is performed during the first trimester, is a vacuum aspiration.<sup>101</sup> This method gently suctions the pregnancy out of the uterus. In very early pregnancy (1-3 weeks after a missed period), this can be done with a syringe. For pregnancies that are up to 12 weeks long, rods might be used to stretch out your cervix, and a machine-operated suction is used, along with a metal-loop to remove tissue if necessary (called a D&C dilation and curettage). This method takes about ten minutes and can be done in a doctor's office or clinic under local anesthesia and some sedation.<sup>102</sup>

For pregnancies that are between 12-24<sup>103</sup> weeks along, dilation and evacuation (also called D&E) is used. This is a two step-method. First, the doctor will numb your cervix with an anesthetic. It's possible that the doctor will also give you sedatives or general anesthesia (which puts you to sleep).<sup>104</sup> Then small rods are inserted into your cervix to make it stretch. This can be done on the day before or the same day as the abortion, to allow enough time for your cervix to stretch. You might be given antibiotics to prevent infection. A combination of vacuum and medical instruments are then used to remove the pregnancy from the lining of your uterus. This final step takes 10-20 minutes.<sup>105</sup> This procedure can be done in a clinic or hospital - it depends on the specific case. You will then have a follow-up appointment with the doctor within a few weeks.

Sometimes, abortions that take place later in pregnancy are done by induced labor. This means that you are given drugs that will make your body go into labor. This procedure is usually done in a hospital.<sup>106</sup>

### Precautions

- Overall, abortion is a low-risk procedure. However, it is always safer to have an abortion as early in the pregnancy as possible.
- As with any decision you make about your body, be sure that you decide to have an abortion because you think it is the better choice for you, not because someone else is pressuring you to do it.
- In rare cases, the abortion is incomplete - not all of the pregnancy is removed. If this occurs, the doctor might need to perform a second procedure.<sup>107</sup>
- If the doctor discovers that you have Rh-negative type blood (which could be dangerous for future pregnancies), they can give you a medication that will help protect any future pregnancies.<sup>108</sup>

### **Advantages**

- Unlike the chemical abortion, a surgical abortion happens at a doctor's office, clinic or hospital, instead of at home. Some women might be more comfortable with this option. For later abortions, the D&E method, if appropriate, can be a physically and mentally less stressful method than induced abortion because you are under sedation/anesthesia.

### **Issues to Consider**

- How advanced your pregnancy is - if you are less than 8 weeks pregnant, think about whether you prefer experiencing the abortion at home versus having it at a medical facility.

### **Possible Side Effects**<sup>109</sup>

- Bleeding.
- Infection in the uterus.
- In rare cases, damage to the uterus.
- The risk of death is extremely rare: 1 in 100,000 women who have a D&C; the risk of dying in childbirth is 10 times greater than that.
- In the case of an induced labor abortion, the drugs given to make you go into labor can cause nausea, fever, vomiting and diarrhea.

### **Call Your Doctor If -** <sup>110</sup>

- You experience any of the following: severe abdominal or back pain; bleeding that is heavier than your normal period; foul-smelling vaginal discharge; a fever above 100.4F.



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<sup>92</sup> *Id.*

<sup>93</sup> *Birth Control & Pregnancy, Abortion Risks & Side Effects*, PLANNED PARENTHOOD FEDERATION OF AMERICA, available at <http://www.plannedparenthood.org/birth-control-pregnancy/abortion/risks-and-side-effects.htm>.

<sup>94</sup> *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*, U.S. HOUSE OF REPRESENTATIVES, COMMITTEE ON GOVERNMENT REFORM – MINORITY STAFF, SPECIAL INVESTIGATIONS DIVISION, July 2006 available at <http://reform democrats.house.gov/Documents/20060717101140-30092.pdf>.

<sup>95</sup> Irving M Spitz, M.D., *Mifepristone for the Medical Termination of Pregnancy*, UP TO DATE, available at [http://www.utdol.com/utd/content/topic.do?topicKey=gen\\_gyne/5983](http://www.utdol.com/utd/content/topic.do?topicKey=gen_gyne/5983); *Birth Control & Pregnancy, Abortion Procedures*, PLANNED PARENTHOOD FEDERATION OF AMERICA, available at <http://www.plannedparenthood.org/birth-control-pregnancy/abortion/procedures.htm>.

<sup>96</sup> Gardiner Harris, *Some Doctors Voice Worry Over Abortion Pills' Safety*, THE NEW YORK TIMES, (April 1, 2006), available at <http://www.nytimes.com/2006/04/01/health/01abort.html?ex=1152676800&en=5637bf45c3f16761&ei=5070>; Gardiner Harris, *Scientists Will Gather to Discuss Safety of Abortion Pill*, THE NEW YORK TIMES (May 11, 2006), available at <http://www.nytimes.com/2006/05/11/health/11abort.html?ex=1152676800&en=9ad99d37aef62acd&ei=5070>; Deidra Henderson, *Article to Kindle Abortion Pill Fight*, THE BOSTON GLOBE, (Dec. 1, 2005), available at [http://www.boston.com/business/globe/articles/2005/12/01/article\\_to\\_kindle\\_abortion\\_pill\\_fight/](http://www.boston.com/business/globe/articles/2005/12/01/article_to_kindle_abortion_pill_fight/).

<sup>97</sup> *Mifeprex (mifepristone) Information*, U.S. FOOD AND DRUG ADMINISTRATION, April 10, 2006, available at <http://www.fda.gov/cder/drug/infopage/mifepristone/default.htm>; *After 2 More Deaths, Planned Parenthood Alters Method for Abortion Pill*, NEW YORK TIMES, March 18, 2006.

<sup>98</sup> Irving M Spitz, M.D., DSC, RCP, *Mifepristone for the Medical Termination of Pregnancy*, UP TO DATE, available at [http://www.utdol.com/utd/content/topic.do?topicKey=gen\\_gyne/5983](http://www.utdol.com/utd/content/topic.do?topicKey=gen_gyne/5983).

<sup>99</sup> *Birth Control & Pregnancy, First-Trimester Abortions*, PLANNED PARENTHOOD FEDERATION OF AMERICA, available at <http://www.plannedparenthood.org/birth-control-pregnancy/abortion/first-trimester-options.htm>.

<sup>100</sup> *Id.*

<sup>101</sup> *Id.*

<sup>102</sup> *About Abortion Procedures*, FEMINIST WOMEN'S HEALTH CENTER, available at <http://www.fwhc.org/abortion/ab-procedures.htm>.

<sup>103</sup> *Induced Abortion (Patient Education Pamphlet)*, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, June 2001.

<sup>104</sup> *Ibid*; *Birth Control & Pregnancy, Abortion Procedures*, PLANNED PARENTHOOD FEDERATION OF AMERICA, available at <http://www.plannedparenthood.org/birth-control-pregnancy/abortion/procedures.htm>.

<sup>105</sup> *Induced Abortion (Patient Education Pamphlet)*, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, June 2001.

<sup>106</sup> *Id.*

<sup>107</sup> *Id.*; *Our Health Services, Abortion Services, Surgical Abortion Planned Parenthood Federation of America*, available at <http://www.plannedparenthood.org/uhpp/surgical-abortion.htm>.

<sup>108</sup> *Induced Abortion* (Patient Education Pamphlet), AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, June 2001.

<sup>109</sup> *Induced Abortion* (Patient Education Pamphlet), AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, June 2001.

### **Want to Learn More? Suggested Reading and Resources**

The following is a list of additional information, organizations and services that may provide further information on the topics discussed throughout the guide. CWLC does not endorse or guarantee any of the information or services listed. The information is meant to facilitate you in finding additional material or organizations that may assist in answering additional questions or concerns.

#### **General - Women's Health, African-American Health**

(these books address many of the topics covered in the booklet, and many more)

*The New Our Bodies, Ourselves: A New Edition for a New Era*, by The Boston Women's Health Collective, Touchstone 2005.

*Women's Bodies, Women's Wisdom*, by Christiane Northup, MD, Bantam 1998.

*Everywoman's Medical Handbook*, by Dr. Miriam Stoppard, Ballantine Books, 1991.

*Health and Healing for African-Americans: Straight Talk and Tips from More Than 150 Black Doctors on Our Top Health Concerns*, edited by Sheree Crute, A Heart & Soul Magazine Book, Rodale Press, 1997.

*The Black Women's Health Book: Speaking for Ourselves*, edited by Evelyn C. White, Seal Press, 1994.

#### **Subject-Specific (in alphabetical order)**

##### **Abortion**

Planned Parenthood, [www.plannedparenthood.org/birth-control-pregnancy/abortion-4260.htm](http://www.plannedparenthood.org/birth-control-pregnancy/abortion-4260.htm).

##### **Anatomy**

Information and tools for doing a gynecological self-exam:  
Feminist Women's Health Center, <http://www.fwhc.org/sale.htm>  
Or mail request to:  
Website Merchandise, Feminist Women's Health Center  
106 East E Street  
Yakima, WA 98901

WebMD, [www.webmd.com](http://www.webmd.com)





## **Birth Control**

*All About Birth Control: A Complete Guide*, by Planned Parenthood, Three Rivers Press, 1998.

*The Contraception Sourcebook*, by Elizabeth Connell, McGraw-Hill, 2001.

Planned Parenthood of America, [www.plannedparenthood.org/birth-control-pregnancy/birth-control-4211.htm](http://www.plannedparenthood.org/birth-control-pregnancy/birth-control-4211.htm).

Mayo Clinic, [www.mayoclinic.com/health/birth-control/B199999](http://www.mayoclinic.com/health/birth-control/B199999).

*Overview of Contraception*, by Mimi Zeiman,  
[www.utdol.com/utd/content/topic.do?topicKey=gen\\_gyne/3029&type=A&selectedTitle=1~45](http://www.utdol.com/utd/content/topic.do?topicKey=gen_gyne/3029&type=A&selectedTitle=1~45)

## **Cycle Beads (for use of Fertility Awareness Method)**

CycleBeads, [www.cyclebeads.com](http://www.cyclebeads.com)

## **Diet and Nutrition**

*Vegetarian Pregnancy: The Definitive Nutritional Guide to Having a Healthy Baby*, by Sharon K. Yntema and William M. Benson, McBooks Press, 1994.

*Pregnancy Nutrition: Good Health for You and Your Baby*, by The American Dietetic Association and Elizabeth Ward, Wiley, 1998.

*The Healthy Pregnancy Cookbook: Eating Twice as Well for a Healthy Baby*, by Jane Middleton and George Rapisis, Betty Crocker, 2002.

*United States Department of Agriculture Food Pyramid*, <http://www.mypyramid.gov.html>  
At this website, you can punch in your age, gender and the amount of exercise you do, and you will get specific food pyramids to follow.

## **Domestic Violence**

*Mad at Miles: A Black Woman's Guide to Truth*, by Pearl Cleage, The Cleage Group Inc., 1990.

*Violence in the Lives of Black Women*, by Carolyn M. West, Haworth Press, 2003.

## **Domestic Violence Programs**

Good Shepard Shelter  
P.O. Box 19478  
Los Angeles, CA 90019  
(323) 737-6111

Sojourn  
P.O. Box 7081  
Santa Monica, CA 90406  
(310) 264-6644 (Hotline)  
(310) 264-6646

Family Crisis Center  
1736 Family Crisis Center  
Hermosa Beach, CA  
(213) 745-6434  
(310) 370-5902  
(562) 388-7652

Jenesse Center, Inc.  
P.O. Box 73837  
Los Angeles, CA 90003  
(323) 751-6500 (Hotline)  
(323) 751-1145

Absolute Power (Anger Management & Batterer's Intervention Program)  
321 E. Florence Avenue  
Inglewood, CA 90301  
(323) 816-8170

Ness Counseling Center  
8512 Whitworth Drive  
Los Angeles, CA 90035  
(310) 360-8512


Rosa Parks Sexual Assault Crisis Center  
Martin Luther King Legacy Association  
3425 West Manchester Ave.  
Los Angeles, CA 90062  
(213) 751-9245 (Hotline)

YWCA of Los Angeles-Compton Center  
1600 East Compton Blvd.  
Compton, CA 90221  
(310) 763-9117

African Community Resource Center  
3540 Wilshire Blvd., Suite 806  
Los Angeles, CA 90010  
(213) 637-1450

Harriet Buhai Center for Family Law  
4262 Wilshire Blvd, Suite 201  
Los Angeles, CA 90010  
(213) 388-7505





Legal Aid Foundation  
1102 Crenshaw Blvd.  
Los Angeles, CA 90019  
(213) 640-3883

Los Angeles Center for Law and Justice  
1241 S. Soto Street, Suite 102  
Los Angeles, CA 90023  
(323) 980-3500

### **Emergency Contraception**

Planned Parenthood, [www.plannedparenthood.org/birth-control-pregnancy/emergency-contraception-4363%20.htm](http://www.plannedparenthood.org/birth-control-pregnancy/emergency-contraception-4363%20.htm).

### **Endometriosis**

*Endometriosis: The Complete Reference For Taking Charge of Your Health*, by Mary Lou Ballweg, McGraw-Hill, 2003.

The Endometriosis Association: [www.endometriosisassn.org](http://www.endometriosisassn.org)

### **Exercise**

*Positive Pregnancy Fitness*, by Sylvia Klein Olkin, Avery, 1987.

*Fit to Deliver: An Innovative Prenatal and Postpartum Fitness Program*, by Karen Nordahl, Hartley & Marks Publishers, 2005.

### **Fertility**

*The Fertility Sourcebook*, by Sara M. Rosenthal, McGraw-Hill, 2002.

*Taking Charge of Your Fertility*, by Toni Weschler, Harper-Collins, 2002.

### **Fibroids**

*It's a Sistah Thing*, by Monique Brown, Kensington Publishing Corporation, 2002. or [www.sistahthing.com](http://www.sistahthing.com).

*Fibroids: The Complete Guide to Taking Charge of Your Physical, Emotional and Sexual Well-Being*, by Johanna Skilling, Marlowe & Co., 2006.



**Health Insurance and Health Care**

These agencies can help you find out if you qualify for any low-cost or free health insurance, health care, or dental care programs or services.

Great Beginnings For Black Babies  
3311 Manchester Boulevard, 3rd Floor  
Inglewood, California 90305  
(323) 789-7955

The Children's Collective, Inc.  
8021 South Vermont Ave., Suite 2  
Los Angeles, CA 90044  
(323) 565-2882 Ext. 3

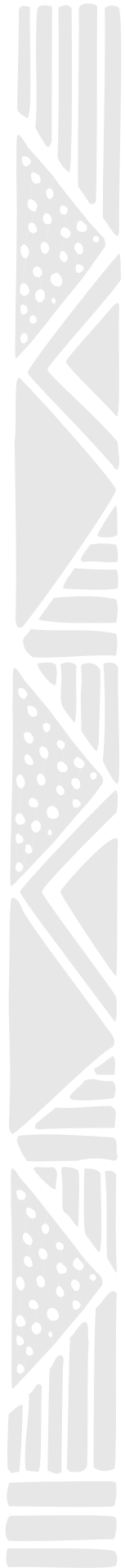
Mission City Community Network, Inc.  
10200 Sepulveda Blvd., Suite 300  
Mission Hills, CA 91345  
(818) 895-3100

Health Consumer Center of Los Angeles  
13327 Van Nuys Blvd  
Pacoima, CA 91331-3099  
(800) 896-3203  
(818) 834-7575 (TDD)  
(818) 834-7552 (Fax)

BAART Community Healthcare - Southeast  
4920 South Avalon  
Los Angeles, CA 90011  
(323) 235-5035

Central City Community Health Center  
5970 South Central Avenue  
Los Angeles, CA 90001  
(323) 234-3280

El Dorado Community Service Center - Inglewood  
4450 West Century Boulevard  
Inglewood, CA 90304  
(310) 671-0555





## **Dental**

Franciscan Clinics/Queenscare Family Clinic-Wilshire  
3242 West 8th Street  
Los Angeles, Ca 90005

Los Angeles Free Clinic  
8405 Beverly Boulevard  
Los Angeles, CA 90048  
(323) 658-1990

South Bay Family Healthcare Center-Redondo Beach  
2114 Artesia Boulevard  
Redondo Beach, CA 90278  
(310) 802-6170

St. John's Well Child & Family Center - Compton  
2115-A North Wilmington Avenue  
Compton, CA 90222  
(310) 603-1332

Watts Healthcare Corporation  
10300 Compton Avenue  
Los Angeles, Ca 90002  
(323) 564-4331

## **Herbal and Natural Remedies**

*The How-To Herb Book: Let's Remedy the Situation*, by Velma J Keith and Monteen Gordon, Mayfield Publications, 1993.

*Herbal Remedies for Women: Discover Nature's Wonderful Secrets Just for Women*, by Amanda McQuade Crawford, Prima Publishing, 1997.

*Like a Natural Woman: The Black Woman's Guide to Alternative Healing*, by Ziba Kashef, Kensington Publishing Corp., 2001.

*The Woman's Book of Healing Herbs: Secrets from 90 Top Herbal Healers*, by Sari Harrar and Sara Altshul O'Donnell, Prevention Health Books for Women, Rodale Press Inc., 1999.

*Encyclopedia of Natural Medicine: Revised 2<sup>nd</sup> Edition*, by Michael Murray, N.D. and Joseph Pizzorno, N.D., Prima Publishing, 1998.

*The Complete Guide to Homeopathy: The Principles & Practice of Treatment*, by Dr. Andrew Lockie and Dr. Nicola Geddes, DK Publishing, 1995.

*Herbal Healing for Women: Simple Home Remedies for Women of All Ages*, by Rosemary Gladstar, Fireside, 1993.

### **Mental Health - Reducing Stress**

*Discover Inner Peace: A Guide to Spiritual Well-Being*, by Mike George, 2000.

*The Value In The Valley: A Black Woman's Guide Through Life's Dilemmas*, by Iyanla Vanzant, 1995.

*Circles of Sisterhood: A Book Discussion Group Guide for Women of Color*, by Pat Neblett, 1997.

*Faith in the Valley: Lessons for Women on the Journey to Peace*, Iyanla Vanzant, 1998.

*Summoning The Fates: A Woman's Guide to Destiny*, Z. Budapest, 1998.

*Soothe Your Nerves: The Black Woman's Guide to Understanding and Overcoming Anxiety, Panic and Fear*, Dr. Angela Neal-Barnett, 2003.

*Sacred Pampering Principles: An African-American Women's Guide to Self-Care and Inner Renewal*, by Debrena Jackson Gandy, 1997.

### **Politics of Black Women's Health**

*Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*, Dorothy Roberts, Vintage Books, 1997.

*Undivided Rights: Women of Color Organize for Reproductive Justice*, Jael Silliman, Marlene Gerber Fried, Loretta Ross, Elena R. Gutiérrez, South End Press, 2004.

*Policing the National Body: Race, Gender and Criminalization*, Edited by Jael Silliman and Anannya Bhattacharjee, A Project of the Committee on Women, Population and the Environment, South End Press, 2002.





## **Pregnancy**

*Having Your Baby: A Guide for African-American Women*, by Hilda Hutcherson, MD and Margaret Williams, Ballantine Books, 1997.

*Mama's Little Baby: The Black Woman's Guide to Pregnancy, Childbirth and Baby's First Year*, by Dennis Brown and Pamela Toussaint, Dutton, 1997.

*The Mocha Manual to a Fabulous Pregnancy*, by Kimberly Allers, Amistad, 2005.

## **Sexuality**

*Stolen Women: Reclaiming Our Sexuality, Taking Back Our Lives*, by Dr. Gail Elizabeth Wyatt, John Wiley & Sons, Inc., 1997.

## **Traditional Chinese Medicine**

*Fertility Wisdom: How Traditional Chinese Medicine Can Help Overcome Infertility*, by Angela C. Wu, Betsy Brown and Katherine Anttila, Rodale Books, 2006.

*The Infertility Cure: The Ancient Chinese Wellness Program for Getting Pregnant and Having Healthy Babies*, Randine Lewis, Little, Brown & Co., 2004.

Yo San University Community Clinic,  
13315 West Washington Blvd.  
Los Angeles, California 90066  
(310) 577-3000  
(877) YOSAN4U (Toll Free)  
[www.yosan.edu](http://www.yosan.edu)

California Acupuncture Board, <http://www.acupuncture.ca.gov/>

If you click on the "License Verification" link and enter your city and county, this site will give you a list of all state-licensed acupuncturists in your area.

## **Weight**

*Weight Loss for African-American Women: An Eight-Week Guide to Better Health*, by George Edmond Smith, Hilton Publishing, 2001.

Body Mass Index Chart: <http://www.nhlbisupport.com/bmi/bmicalc.htm>

This link calculates your Body Mass Index and explains what it means. All you have to do is type in your height and weight.

**California Women's Law Center**

6300 Wilshire Blvd., Suite 980  
Los Angeles, CA 90048  
Telephone: (323) 951-1041  
Fax: (323) 951-9870  
E-mail: [cwlc@cwlc.org](mailto:cwlc@cwlc.org)  
Website: [www.cwlc.org](http://www.cwlc.org)

**Black Women for Wellness**

P.O. Box 292516  
Los Angeles, CA 90029  
Telephone: (323) 290-5955  
E-mail: [bwwlosangeles@yahoo.com](mailto:bwwlosangeles@yahoo.com)  
Website: [www.bwwla.com](http://www.bwwla.com)

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