

TOPIC

Stress

AUDIENCE

College Students

TIME NEEDED

60 minutes

HEALTHY PEOPLE 2030 OBJECTIVES

- Family Planning – Reduce the proportion of pregnancies conceived within 18 months of a previous birth – FP-02
- Pregnancy and Childbirth – Reduce pregnancies in adolescents – FP-03
- Adolescents – Increase the proportion of adolescent females who used effective birth control the last time they had sex – FP-06

LEARNING OBJECTIVES

At the completion of the lesson,

1. At least 75% of students will be able to list at least 5 different contraceptive methods to prevent future pregnancies on their exit ticket.
2. At least 75% of students will be able to list 3 ~~negative~~ health outcomes related to pregnancies less than 18 months after birth on their exit ticket.

MATERIALS NEEDED

- WIFI
- PowerPoint presentation
- Zoom account
- 1 laptop, tablet, or smartphone per student
- Photo examples of each method of contraception
- Worksheet
- Google Form for scavenger hunt
- Google Form for exit ticket

PREPARATION

Gather a photo example of each method of contraception. Send a handout to every student. Create a Google Form for scavenger hunt and exit ticket with questions listed.

Procedure

1. Introduction (Time: 5 mins)

- a. **Slide 1** - Introduce yourself and state that you will be discussing contraception options to prevent pregnancy
- b. **Slide 2** - Read through ground rules and objectives, ask students if they want to add any others
- c. **Slide 3** - Ask students to brainstorm methods of contraception that they already know, and type their answers in the chat box (Time: 1 min)

2. Lecture on birth spacing (Time: 15 mins)

- a. **Slide 9** - Ice breaker: "Let's Hear From You!"
 - Give students 2-3 minutes to type in the chat box their answers to the following questions:
 1. Why is family planning important?
 2. What do you think are the risks of having a second child too soon after the first?
 - a. Answers may be related to financial, social, mental health, or physical effects
 - Introduce video:
https://www.youtube.com/watch?v=0xoKbV-C_eE
- b. **Slide 10 to 12** - Overview of Birth Spacing
 - Between 2006 and 2010, about 33% of all pregnancies among women with a prior live birth in the U.S. occurred less than 18 months after the prior birth.
 - "Birth spacing refers to the time from one child's birth until the next pregnancy, also known as the interpregnancy interval" (March of Dimes, 2015).
 - Pregnancies starting less than 18 months after birth, are associated with negative birth outcomes including:
 1. Preterm birth
 2. Newborn death
 3. Low birth weight (March of Dimes, 2015)
 4. The placenta partially or completely peeling away from the inner wall of the uterus before delivery (placental abruption)
 5. Congenital disorders (meaning disorders present from birth, for example: cerebral palsy, Down Syndrome, spina bifida, and cystic fibrosis)
 6. Schizophrenia
 7. Maternal anemia, or iron deficiency (Mayo Clinic)

- Let students know “It's important to plan your next pregnancy to decrease risk of negative health outcomes for you and your baby”
- c. Overview: Planning your next pregnancy
 - It is recommended to wait 18-24 months after your first pregnancy to start another pregnancy
 - Affordable Care Act provides financial assistance through health plans for women's health & family planning

1. Major categories of contraception include long-acting reversible contraception (intrauterine devices, implants), hormonal methods (such as oral contraceptives), barrier methods (such as condoms or diaphragms) and natural family planning (e.g., tracking ovulation)
 - Have students watch an overview video on the importance of Birth Spacing: [“The Importance of Birth Spacing”](#)
 - ELC Questions to ask after
 - What is one fact you learned about Birth Spacing?
 - How has this changed your perception on giving birth?
 - Would you consider waiting to start another pregnancy after watching this video?
2. *Discussion and lecture of different contraceptive methods (Time: 15 mins)*
 - a. **Slide 4 to 8** - Give students a handout (attached below) with a list of all methods and ask them to write down pros/cons for each method from lecture on a separate sheet of paper.
 - b. Show photos of each method, ask class if they know how to use them. Explain to students:
 - External Condom:
 1. How well does it work?
 - a. 82% effective
 2. How to use:
 - a. Use new condom each time you have sex
 - b. Use a polyurethane condom if allergic to latex
 3. Pros:
 - a. Can buy at many stores
 - b. Can put on as part of sex play/foreplay
 - c. Can help prevent early ejaculation
 - d. Can be used for oral, vaginal, and anal sex
 - e. Protects against HIV and other STIs
 - f. Can be used while breastfeeding
 4. Cons:
 - a. Can decrease sensation
 - b. Can cause loss of erection
 - c. Can break or slip off
 5. One of the cheapest methods
 - Internal Condoms:
 1. How well does it work?
 - a.

79%

2. How to use:
 - a. Use a new condom each time you have sex
 - b. Use extra lubrication as needed
3. Pros:
 - a. Can put in as part of sex play/foreplay
 - b. Can be used for anal and vaginal sex
 - c. May increase pleasure when used for anal and vaginal sex

- d. Good for people with latex allergy
- e. Protects against HIV and other STIs
- f. Can be used while breastfeeding
- 4. Cons:
 - a. Can decrease sensation
 - b. May be noisy
 - c. May be hard to insert
 - d. May slip out of place during sex
- Progestin IUD (Liletta®, Mirena®, Skyla® and others):
 - 1. How well does it work? a. > 99%
 - 2. How to use:
 - a. Must be placed in uterus by a health care provider
 - b. Usually removed by a health care provider
 - 3. Pros:
 - a. May be left in place 3 to 7 years, depending on which IUD you choose
 - b. No pill to take daily
 - c. May improve period cramps and bleeding
 - d. Can be used while breastfeeding
 - e. You can become pregnant right after it is removed
 - 4. Cons:
 - a. May cause lighter periods, spotting, or no period at all
 - b. Rarely, uterus is injured during placement
 - c. Does not protect against HIV or other STIs
- Copper intrauterine device (ParaGard®):
 - 1. How well does it work? a. > 99%
 - 2. How to use:
 - a. Must be placed in uterus by a health care provider
 - b. Usually removed by a health care provider
 - 3. Pros:
 - a. May be left in place for up to 12 years
 - b. No pill to take daily
 - c. Can be used while breastfeeding
 - d. You can become pregnant right after it is removed
 - 4. Cons:
 - a. May cause more cramps and heavier periods
 - b. May cause spotting between periods
 - c. Rarely, uterus is injured during placement
 - d. Does not protect against HIV or other STIs
- Oral contraceptive pill:

1. How well does
it work?
a.91%

2. How to use:
 - a. Must take the pill daily
 3. Pros:
 - a. Can make periods more regular and less painful
 - b. Can improve PMS symptoms Can improve acne
 - c. Helps prevent cancer of the ovaries
 - d. You can become pregnant right after stopping the pills
 4. Cons:
 - a. May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand
 - b. May cause spotting the first 1-2 months
 - c. Does not protect against HIV or other STIs
 5. One of the cheapest methods
- Progestin-Only pills:
 1. How well does it work? a. 91%
 2. How to use
 - a. Must take the pill daily
 3. Pros:
 - a. Can be used while breastfeeding
 - b. You can become pregnant right after stopping the pills
 4. Cons:
 - a. Often causes spotting, which may last for many months
 - b. May cause depression, hair, or skin changes, change in sex drive
 - c. Does not protect against HIV or other STIs
 - Emergency contraception pill (Progestin EC (a.k.a. Plan B® One-Step and others) and ulipristal acetate (a.k.a. ella®)):
 1. How well does it work? a. 58 - 94%
 - b. Ulipristal acetate EC works better than progestin EC if you are overweight
 - c. Ulipristal acetate EC works better than progestin EC in the 2-5 days after sex
 2. How to use
 - a. Works best the sooner you take it after unprotected sex
 - b. You can take EC up to 5 days after unprotected sex
 - c. If pack contains 2 pills, take both together
 3. Pros:
 - a. Can be used while breastfeeding
 - b. Available at pharmacies, health centers, or health care providers: call ahead to see if

- they have it
- c. People of any age can get progestin EC without a prescription
- 4. Cons:
 - a. May cause stomach upset or nausea

- b. Your next period may come early or late
 - c. May cause spotting
 - d. Does not protect against HIV or other STIs
 - e. Ulipristal acetate EC requires a prescription
 - f. May cost a lot
- 3. **Slide 13** - *Virtual scavenger hunt for local resources (Time: 15 mins)*
 - a. Ask students to:
 - Open Google, and using any search engine, find 5 local resources for contraceptive options within Providence, RI:
 1. 1 place to get birth control
 2. 1 place to get an IUD implanted
 3. 1 place to get Plan B
 4. 1 place for emotional help
 5. 1 place to get condoms
 - b. Let students know that they cannot repeat locations
 - c. Ask students to submit their work via [Google Form](#)
- 5. **Slide 14** - *Conclusion- Wrap Up (Time: 5 mins)*
 - a. Ask students to discuss with a partner:
 - What is your preferred contraceptive method? Name the pros/cons with a partner
- 6. **Slide 15** - *Exit ticket- Google Form (Time: 5 mins)*
 - a. Provide exit ticket through [Google Form](#), ask students to answer all 3 questions by the end of the lecture period
 - What are 5 different contraceptive methods?
 - What are 3 negative health outcomes related to pregnancies occurring less than 18 months after birth?
 - What is your preferred contraceptive method and why?
- 7. **Slide 16** - *Questions*
 - a. Ask students if they have any questions
- 8. **Slide 17**- *References*

References

Cradle Cincinnati. (2018, March 6). *Did you know? The importance of birth spacing*

[Video]. <https://www.youtube.com/watch?v=heeMcyVdL5k>

March of Dimes. (2015). *Birth spacing and birth outcomes* [Fact sheet]. <https://www.marchofdimes.org/MOD-Birth-Spacing-Factsheet-November-2015.pdf>

Mayo Foundation for Medical Education and Research. (2020, February 5). *Family planning: Get the facts about pregnancy spacing*. Mayo Clinic. <https://www.mayoclinic.org/healthy-lifestyle/getting-pregnant/in-depth/art-20044072?pg=1>.

Pickles & Ice Cream Georgia. (2020, May 26). *What is birth spacing?* [Video].

https://www.youtube.com/watch?v=0xoKbV-C_eE

Reproductive Health Access Project. (2018, August). *Your birth control choices* [PDF file].

<https://www.vdh.virginia.gov/content/uploads/sites/155/2019/10/Your-Birth-Control-Choices.pdf>

Worksheet

Your Birth Control Choices

Method	How well does it work?	How to Use	Pros	Cons
The Implant  Nexplanon®	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 5 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
Progestin IUD  Liletta®, Mirena®, Skyla® and others	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider		
Copper IUD  ParaGard®	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider		
The Shot  Depo-Provera®	94%	Get a shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
The Pill 	91%	Must take the pill daily		
Progestin-Only Pills 	91%	Must take the pill daily		
The Patch  Ortho Evra®	91%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs
The Ring  Navareng®	91%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1-2 months of use Does not protect against HIV or other STIs

Method	How well does it work?	How to Use	Pros	Cons
External Condom 	82%	Use a new condom each time you have sex. Use a polyurethane condom if allergic to latex.		
Internal Condom 	79%	Use a new condom each time you have sex. Use extra lubrication as needed.		
Withdrawal 	78%	Pull penis out of vagina before ejaculation (that is, before coming).	Cons: nothing Can be used while breastfeeding	Less pleasure for some DDP'I not work if p@n'I r'i not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
Diaphragm Cay™ and MDe-11 	88%	Must be used each time you have sex Must be used with spermicide	Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding	Using Spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
Fertility Awareness Natural Family Planning 	76%	Predict fertile days by tracking temperature daily, checking vaginal mucus, or timing a record of your periods. It works best if you use more than one of these. Avoid sex or use condoms/spermicide during fertile days.	Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant	Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs
Spermicide Cream, gel, sponge, foam, insert, film 	72%	Insert spermicide into the vagina before sex.	Can buy at many stores Can be put in a part of sex toy/fore-play Comes in many forms: cream, gel, sponge, foam, inserts, film Unbe used while breastfeeding	May irritate the risk of getting HIV May irritate vaginal, penis Cream, gel, and foam can be messy
Emergency Contraception Pills Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®) 	58 - 94%	Works best the sooner you take it after unprotected sex. You can take EC up to 5 days after unprotected sex. If p.ac contains 2 pills, take both together.		

Answer Key to Worksheet

Your Birth Control Choices

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Copper IUD  ParaGard®	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
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Withdrawal Pull-out	78%	Pull penis out of vagina before ejaculation (that is, before coming)	Cuts nothing Can be used while breastfeeding	Less sensitive for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex	
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