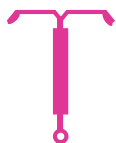
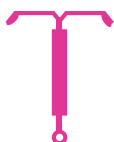
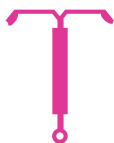
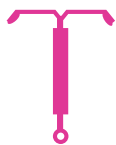













what suits me?



**Contraception
options**



contents

Sex and Contraception.....	4
What Suits You?	4
Healthy Relationships.....	4
Pair Up: safe sex and contraception	5
Easy Access.....	5
Private Information	5
 Male (External) Condom.....	6
 Female (Internal) Condom.....	8
 Contraceptive Pill (the Pill).....	10
 Contraceptive implant	12
 Hormonal IUD	14
 Copper IUD	16
 Vaginal Ring	18
 Progestogen-Only Pill (POP, minipill).....	20
 Contraceptive Injection	22
 Emergency Contraceptive Pill (ECP).....	24
 Other Methods.....	26
Diaphragm	
Fertility Awareness Methods	
Withdrawal	
Sterilisation	

let's talk about it

Sex and Contraception

Contraception stops a sperm from fertilising an egg, so people can have sexual intercourse (penis in vagina) while preventing an unplanned pregnancy.

Every month the ovary produces an egg. When ejaculation occurs from the penis, the semen contains millions of sperm. It takes only one of these sperm to fertilise an egg to begin a pregnancy.

Contraception can be used to prevent unplanned pregnancy.

What Suits You?

There are lots of different types of contraception, but no method is ever 100% effective. Methods which don't mean you have to remember to do something on a regular basis, such as an implant or IUD, are more effective than pills or condoms which can easily be forgotten or not used properly. Not all contraceptive methods work the same way and most have benefits and some downsides. That's why it's important to consider all the types available and pick one that best suits you and your partner's health and lifestyle needs.

This booklet is full of information to help you figure out which contraceptive option suits you.

Healthy Relationships

Talking with your sexual partner about sex and contraception is a good idea.

Sex may seem difficult to discuss at times, but being able to talk openly and honestly about it with your sexual partner is a positive step towards a healthy relationship.

Depending on your situation, your choice of contraception may be something you decide on your own or together with your partner. In any case, it's important that both girls and guys take responsibility for contraception each time they have sex.

Pair Up: safe sex and contraception

Using a condom with another type of contraception is the best way to stop an unplanned pregnancy and sexually transmissible infections (STIs).

STIs are infections passed from one person to another through sexual contact and condoms are the best protection against them. This means that even if you're using another form of contraception, it's still important to practise 'safe sex'. Safe sex means using a condom every time you have sex.

Pair up condoms with another form of contraception to prevent STIs and pregnancy.



To turn-up the pleasure, you may like to use a water-based lubricant (lube) to make things extra smooth. Using lube with condoms may also help stop condoms from breaking when used for anal sex.

Easy Access

You can access health services, including contraception, through your doctor or at a Family Planning NSW clinic. It's a good idea to take your Medicare card with you if you have one. Did you know that a young person can apply for their own Medicare card at 15 years of age?

For more information go to:

www.medicareaustralia.gov.au

or call Talkline on 1300 658 886.

Private Information

All medical services are private and confidential. Parents and guardians can't access your health information without your permission, except in extreme situations; for instance, if you are at significant risk of harm or may harm others.



the male (external) condom

The male (external) condom is a thin latex rubber or non-latex covering which is rolled onto an erect (hard) penis.

How does it work?

Worn on the penis during sex, the male (external) condom provides a barrier which collects semen (fluid that contains sperm) and stops the transfer of fluids to a partner. Condoms can also be used on sex toys if they are being shared between people. This will reduce the risk of STI transmission.

How well does it work?

Condoms are 98% effective at preventing pregnancy when used perfectly, but in real life they can be less effective (82%) because condoms can break and are not always used correctly.

Condoms are the best protection against STIs but are less effective at preventing pregnancy than some other types of contraception.

Condoms work best when used for every act of sex as long as you:

- use a new one every time
- take care to put it on and take it off correctly



Condoms are the only form of contraception that also reduce the risk of STIs.

What are the benefits?

- Condoms are the only form of contraception which also reduce the risk of STIs.
- Condoms are effective if used properly every time you have sex. But they are not as effective at preventing pregnancy as methods such as the implant or the Pill.
- They can be used at the same time as another type of contraception such as the implant or the Pill, although the male (external) condom shouldn't be used at the same time as female (internal) condoms and you should never use two male (external) condoms at once!
- They're cheap, small and easy to carry.
- You don't have to see a doctor to get them.

What are the downsides?

- You need to use a new condom each time you have sex.
- Most condoms are made from latex rubber which is perishable. This means that they can break if they aren't stored correctly. Always keep condoms in a cool place and check the use-by date.
- Oil-based lube can cause latex condoms to break so only use water-based lube.

Are there side effects?

There are no side effects, although some people can be allergic to the latex rubber or the lube. This isn't common, but if you or your partner have a reaction, try using a non-latex condom such as one made from polyisoprene or polyurethane (types of soft plastic).

Can anyone use the male (external) condom?

Anyone can choose to use condoms.

Where do you get it?

The male (external) condom is sold in lots of places such as chemists, supermarkets, petrol stations, online and some public bathrooms.

Condoms are free at all Family Planning NSW clinics, and heaps of other services across NSW, as part of our Condom Credit Card (CCC) Project. For more information about the project or to find out where your nearest CCC provider is: www.fpnsw.org.au/cc



the female (internal) condom

The female (internal) condom is made from nitrile (a type of soft plastic) and is inserted into the vagina before sex.

It has a flexible ring at each end to hold it in place when it is inserted into the vagina.

How does it work?

Female (internal) condoms provide a barrier which collects the semen (fluid that contains sperm) and stops the transfer of fluids to a partner.

How well does it work?

Female (internal) condoms are 95% effective at preventing pregnancy when used perfectly, but in real life they can be less effective (79%) because condoms can break and are not always used correctly.

Condoms (including female (internal) condoms) are the best protection against STIs but are less effective at preventing pregnancy than some other types of contraception.

What are the benefits?

- Condoms are the only form of contraception which help protect against STIs.
- Female (internal) condoms can be used at the same time as other effective types of contraception such as the implant or the Pill, although they shouldn't be used at the same time as male (external) condoms.
- Female (internal) condom use is controlled by the woman.
- There is no need to see a doctor to get them.
- The external ring of the female (internal) condom may stimulate the clitoris, making sex more pleasurable.

The female (internal) condom is another effective choice.

What are the downsides?

- You need to use a new female (internal) condom each time you have sex.
- Female (internal) condoms are more expensive and not as effective as male (external) condoms.
- Female (internal) condoms can be hard to find in Australia.

Are there side effects?

There are no side effects and it's very rare that someone is allergic to nitrile or the lubricant.

Can anyone use a female (internal) condom?

Anyone can choose to use female (internal) condoms.

Where do you get it

The female (internal) condom can be difficult to find but are stocked at Family Planning NSW clinics, some chemists and online.



the combined oral contraceptive pill

The Pill is taken once a day and contains two hormones called oestrogen and progesterone.

There are a variety of combined Pills available in Australia and packs generally contain hormone pills and sugar pills. You have a monthly bleed (like a period) when you take the sugar pills. You may need to try a few different Pills before you find the one that suits you best.

How does it work?

- Stops ovaries from releasing an egg.
- Thickens the mucus at the entrance to the uterus (cervix) to stop sperm from moving into the uterus.

How well does it work?

The Pill is 99.7% effective at preventing pregnancy if it is taken perfectly, but in real life it can be less effective (91%) because pills can be forgotten or missed.

What are the benefits?

- Periods usually become lighter, more regular and less painful.
- Some women use the Pill to skip their periods altogether.
- Acne often improves.
- Symptoms of premenstrual syndrome (PMS), such as mood changes before a period, may improve or go completely.
- Some Pills are cheaper than others.



What are the downsides?

- The Pill does not protect against STIs but can be used at the same time as condoms.
- You must remember to take the Pill every day. If you have difficulty remembering, you may want to set a daily reminder or alarm on your phone. Alternatively, you may prefer a long acting reversible contraceptive that you don't need to remember to take, such as the contraceptive implant.
- Some Pills are more expensive than others. Talk to your doctor about which one is best for you.
- The Pill will not work properly if you:
 - are taking certain medication at the same time (ask your doctor)
 - forget to take it
 - are vomiting or have severe diarrhoea

If any of these things happen and you have sex, the Pill may not work properly. You may want to use Emergency Contraception (page 24). Another form of contraception, like condoms, should also be used until you've been taking the Pill correctly again for seven days.

Are there side effects?

Most women have very few side effects. Those who do experience them often find they settle down within the first few months. You may experience:

- tender breasts
- headaches
- feeling sick (nausea)
- bloating
- mood changes
- irregular spotting (breakthrough bleeding)

Serious health problems with the Pill are rare in all women, especially young women. This includes a small risk of blood clots, called deep vein thrombosis (DVT).

Pair up condoms with the Pill for protection against STIs and unplanned pregnancy

Can anyone use the Pill?

You can't take the Pill if you have:

- a history of blood clots in the leg or lungs
- some health problems such as certain types of migraines, heart disease and severe liver conditions – talk to your doctor about any medical conditions you may have

Where do you get it?

The Pill is available with a prescription from a doctor or Family Planning NSW clinic.

— Contraceptive Implant (the rod, Implanon)

The contraceptive implant is a small plastic rod which is inserted underneath the skin on the inside of the upper arm. It can stay there for up to three years to slowly release the hormone progesterone.

How does it work?

- Stops the ovaries from releasing an egg each month.
- Thickens the mucus at the entrance to the uterus (cervix) to stop sperm from moving into the uterus.

How well does it work?

The implant is 99.9% effective at preventing pregnancy.

What are the benefits?

- You don't have to remember to take a pill every day.
- The implant is immediately effective if inserted during the first five days of your period.
- It's not obvious that you have an implant.
- It lasts for three years but if it doesn't suit, you can have it removed.
- It's safe to use if you're breastfeeding or if you can't take oestrogen.
- Fertility returns as soon as it's taken out.
- It's an inexpensive form of contraception in the long term if you have a Medicare card.

The implant can prevent unplanned pregnancy for up to 3 years and can be removed at any time.

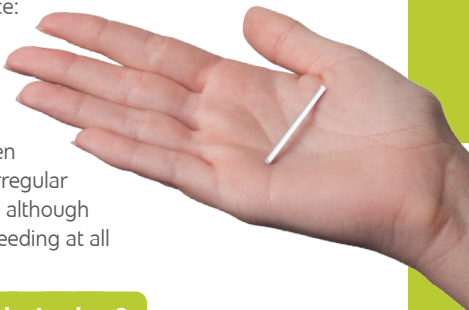
What are the downsides?

- The contraceptive implant does not protect against STIs but can be used at the same time as condoms.
- Regular period patterns will change and you can get unpredictable or irregular bleeding (talk to your doctor about this as there are many ways to manage it).
- The implant can only be inserted or removed by a trained professional in a minor surgical procedure.
- Insertion and removal can cause bruising and some soreness.
- It may leave a very small scar.

Are there side effects?

You may experience:

- tender breasts
- headaches
- mood changes
- one in five women can experience irregular vaginal bleeding, although some have no bleeding at all



Can anyone use the implant?

Serious health problems are very rare with the implant. You can't use it if you are taking some kinds of medicine - talk to your doctor about what you're taking.

Where do you get it?

The implant must be inserted by a specially trained doctor or nurse. Many doctors have this training - or visit a Family Planning NSW clinic.

**The implant is
99.9% effective
at preventing
pregnancy.**



Hormonal IUD

(intrauterine device, Mirena, Kyleena)

The hormonal intrauterine device (IUD) is a small 'T' shaped plastic device with a hormone called levonorgestrel in the stem. There are two types of hormonal IUDs available in Australia. They are called Mirena and Kyleena. The Kyleena is slightly smaller than the Mirena and has a lower amount of hormone. The IUD is placed inside the uterus by a specially trained doctor or nurse to release small amounts of the hormone for up to five years.

How does it work?

- Thickens the mucus at the entrance to the uterus (cervix) to stop sperm from moving into the uterus.
- Thins the lining of the uterus to stop a fertilised egg implanting.
- Sometimes stops the ovaries from releasing an egg.

How well does it work?

Both types of hormonal IUD are very effective at preventing pregnancy for up to 5 years. The Mirena IUD is 99.9% effective; the Kyleena IUD is 99.7% effective.

What are the benefits?

- You don't have to remember to take a pill every day.
- Periods usually become lighter and sometimes stop altogether.
- Starts working right away if it's put in during the first five days of your period.
- Fertility returns as soon as it's taken out.
- Safe to use if you're breastfeeding or can't take oestrogen.
- An inexpensive form of contraception in the long term if you have a Medicare card.



What are the downsides?

- Hormonal IUDs don't protect against STIs but you can use condoms at the same time.
- You may experience some irregular vaginal bleeding in the first few months.
- It involves a procedure to put the IUD inside and to remove from the uterus. Putting the IUD into the uterus can sometimes be a bit painful, especially if you haven't had children.
- There is a small chance of infection called pelvic inflammatory disease in the first three weeks after it's inserted.
- There is a small chance it can come out by itself.
- There is a small chance of hormonal side-effects such as acne and breast discomfort.

Are there side effects?

Serious problems are rare with the hormonal IUD.

You may experience:

- cramping when it's put in
- an increase in vaginal discharge

Other side effects are rare because of the low dose of hormones, but you may notice similar side effects to the progestogen-only pill (POP).

Can anyone use a hormonal IUD?

Most women can use a hormonal IUD.

Where do you get it?

A hormonal IUD must be inserted and removed by a trained doctor or nurse. This can be done at a Family Planning NSW clinic, by some GPs or a gynaecologist.

The hormonal IUD prevents unplanned pregnancy for up to 5 years.

← Copper IUD

(intrauterine device)

The copper IUD is a small plastic device which has copper wire wrapped around its stem. It's placed inside the uterus by a specially trained doctor or nurse and can stay there for 5 or 10 years depending on the type of device.

How does it work?

- The copper is toxic to the egg and sperm which stops sperm from fertilising the egg.
- Slows the egg's movement to delay the sperm and egg meeting.
- Stops a fertilised egg from implanting in the uterus.

How well does it work?

The copper IUD is 99.5% effective at preventing pregnancy.

What are the benefits?

- You don't have to remember to take a pill every day.
- It starts working right away.
- Fertility returns as soon as it's taken out.
- Doesn't contain any hormones.
- Safe to use if you're breastfeeding or can't use hormonal methods of contraception.

IUDs can be used by most women including young women.

What are the downsides?

- Copper IUDs don't protect against STIs but you can use condoms at the same time.
- You may experience some irregular vaginal bleeding in the first few months.
- It involves a procedure to put the IUD inside and to remove it from the uterus. Putting the IUD into the uterus can be a bit painful, especially if you haven't had children.
- There is a small chance of infection called pelvic inflammatory disease in the first three weeks after it's inserted.
- Periods can be heavier and last longer than before.
- There is a small chance it can come out by itself.

Are there side effects?

Serious health problems are rare with the copper IUD.

You may experience:

- cramping when it's put in
- heavier periods which last longer
- an increase in vaginal discharge

Can anyone use a copper IUD?

- Most women can use a copper IUD. It is suitable for women who cannot or prefer not to use a hormonal form of contraception.

Where do you get it?

A copper IUD must be inserted and removed by a trained doctor or nurse. This can be done at a Family Planning NSW clinic, by some GPs or a gynaecologist.



○ vaginal ring

(the ring, NuvaRing)

The vaginal ring is a soft plastic ring about 5cm in diameter. It contains two hormones (oestrogen and progestogen), similar to those in the combined oral contraceptive pill.

A ring is placed in the vagina and it stays there for three weeks. It is then removed for one week and during this ring-free week you have a monthly bleed (like a period). After the fourth week, you insert a new ring and begin the cycle again.

How does it work?

- Stops the ovaries from releasing an egg.
- Thickens the mucus at the entrance to the uterus (cervix) to stop sperm from moving into the uterus.

The vaginal ring works in a similar way to the combined contraceptive pill. The difference is the way the hormones in the ring are absorbed slowly through the walls of the vagina into the bloodstream.

How well does it work?

The vaginal ring is 99.7% effective at preventing pregnancy when used perfectly, but in real life it can be less effective (91%) if inserted late or used incorrectly.

What are the benefits?

- A good option if you have trouble remembering to take a pill every day.
- It does not need to be 'fitted' and the same size suits everyone.
- It is not affected by vomiting or diarrhoea because the hormones are absorbed directly into the bloodstream.
- Periods usually become lighter, more regular and less painful.
- Acne often improves.
- Symptoms of premenstrual syndrome (PMS), such as mood changes before a period, often improve or go completely.

What are the downsides?

- The vaginal ring does not protect against STIs but can be used at the same time as condoms.
- You must remember to remove the ring after three weeks and insert a new one a week later. Some people find it useful to set a reminder or alarm on their phone to help them remember.
- The ring is more expensive than some other forms of contraception.
- Some women don't feel comfortable inserting the ring into their vagina.

Are there side effects?

Most women have very few side effects and those who do get them often find they settle down within the first few months. You may experience:

- tender breasts
- headaches
- feeling sick (nausea)
- bloating
- mood changes

Serious health problems with the vaginal ring are rare in all women, especially young women. This includes a small risk of blood clots, called deep vein thrombosis (DVT).



Can anyone use the ring?

You can't use the vaginal ring if you have:

- a history of blood clots deep in the leg or lungs
- some health problems such as certain types of migraines, heart disease and severe liver conditions - talk to your doctor about any medical conditions you may have

Where do you get it?

The vaginal ring is available with a prescription from your doctor or Family Planning NSW clinic.

progestogen-only pill (POP or minipill)

As the name suggests, the Progestogen-Only Pill (POP), contains just one hormone, progestogen.

There are 28 pills in a pack with each pill containing the same dose. The POP must be taken at the same time every day without a break.

How does it work?

- Thickens the mucus at the entrance to the uterus (cervix) to stop sperm from moving into the uterus.
- Sometimes stops the ovaries from releasing an egg.

How well does it work?

The POP has to be taken at exactly the same time every day for it to work. Some people find it useful to set a daily reminder or alarm on their phone to help them remember to take it at the same time. It is more than 99.7% effective at preventing pregnancy if taken perfectly, but in real life it can be less effective (91%) because pills can be forgotten or missed.

What are the benefits?

- Periods usually become lighter and sometimes stop altogether.
- Safe to use if you're breastfeeding or you can't take oestrogen.



What are the downsides?

- The POP does not protect against STIs but can be used at the same time as condoms.
- It is usually less effective than the combined oral contraceptive pill.
- If you find it hard to remember to take the POP at the same time everyday, you could try a long acting reversible contraceptive like the contraceptive implant.
- Regular period patterns can change and you may get unpredictable or irregular bleeding (talk to your doctor about this).
- The POP won't work properly if you:
 - take it more than three hours late
 - have vomiting or severe diarrhoea
 - are taking certain other medications at the same time

If any of these things happen and you have sex, you may want to use Emergency Contraception (page 24). Another form of contraception, like condoms, should also be used until you've been taking the POP correctly again for three days - talk to your doctor, Family Planning clinic or chemist about this.

Are there side effects?

Most women have very few side effects because the POP has a low dose of hormones. You may still experience:

- tender breasts
- headaches
- mood changes
- irregular spotting (breakthrough bleeding)

Can anyone use the POP?

You can't take the POP if you have:

- severe liver problems
- some other medical conditions – talk to your doctor about any medical conditions you may have

Where do you get it?

The POP is available with a prescription from your doctor or a Family Planning NSW clinic.

The POP will not work if you take it more than three hours late.



Contraceptive Injection

DMPA (depot medroxyprogesterone acetate, Depo Provera or Depo Ralovera)

DMPA is a long-acting hormone which is injected every 12 weeks into the buttock or upper arm. After a few injections, monthly bleeding may stop altogether. This isn't harmful.

How does it work?

- Stops the ovaries from releasing an egg each month.
- Thickens the mucus at the entrance to the uterus (cervix) to stop sperm from moving into the uterus.

How well does it work?

DMPA is 99.8% effective at preventing pregnancy, but in real life it can be less effective (94%) if you're late for an injection.

What are the benefits?

- You don't have to remember to take a pill every day.
- Safe to use if you're breastfeeding or you can't take oestrogen.
- Can be useful if you don't want to have periods.



What are the downsides?

- DMPA does not protect against STIs but can be used at the same time as condoms.
- You need to remember to get the injection every 12 weeks.
- It is not immediately reversible. This means that any side-effects can take some time to wear off.
- It can take some months for periods and fertility to return to normal.

Are there side effects?

Serious problems are rare with the contraceptive injection.

You may experience:

- irregular bleeding, although this usually gets better with time and most women end up with no periods at all after having the injections for a year
- possible weight gain
- headaches
- tender breasts
- acne
- loss of bone density (but doesn't usually cause any problems)

Can anyone use DMPA?

DMPA is not usually recommended:

- as a first choice if you are under 18 years of age - this is because it may affect the density of your bones.
- if you want to get pregnant within the next 12 to 18 months since it is not immediately reversible.

Where do you get it?

The DMPA injection is available from your doctor or Family Planning NSW clinic.

**The injection provides
12 weeks of contraception
and no one can tell if you
have had the shot**

Emergency Contraceptive Pill (ECP)

The ECP is taken after unprotected sex to prevent an unplanned pregnancy. There are two different types of ECP, Levonorgestrel-ECP (LNG-ECP) and Ulipristal acetate (UPA).

Some examples of when you may use the ECP include:

- you have had sex without using contraception
- the condom breaks
- you forget to take the contraceptive pill at the recommended time
- you are taking the contraceptive pill, but have vomiting or severe diarrhoea
- you are late for a contraceptive injection
- you are a victim of sexual assault

How does it work?

It stops or delays the release of an egg from the ovaries.

How well does it work?

Around 85% of pregnancies that would have occurred are prevented by the ECP.

LNG-ECP is effective up to four days, and UPA is effective up to five days after unprotected sex. But the sooner you take it, the more effective it will be.

You may need to have a follow-up pregnancy test in a few weeks to make sure you are not pregnant. It's best to discuss this with your doctor or the chemist.

What are the benefits?

- The ECP is very safe and can be used more than once in a month if necessary.
- It is available at the chemist without a prescription. You don't have to see a doctor to get the ECP.
- It won't cause an abortion if you're already pregnant.

What are the downsides?

- The ECP does not protect against STIs.
- It won't protect against pregnancy if you have unprotected sex again in the same menstrual cycle. You should use condoms until you're protected fully by another regular method of contraception.

Are there side effects?

Side effects are very rare. It does not affect your future fertility. You may experience:

- slight bleeding.
- an early or late period. If your period is late you should have a pregnancy test.

Can anyone use Emergency Contraception?

The ECP is very safe. If you are using some medications, for example, some epilepsy medications, talk to your doctor or chemist about this.

Where do you get it?

Both types of ECP can be bought at a chemist without a doctor's prescription. They are also available from Family Planning NSW clinics.



**You can buy
the Emergency
Contraceptive Pill
without a prescription
at your local chemist.**

Other Methods

Diaphragm

The diaphragm is a round silicone cap worn inside the vagina to cover the cervix (the entrance to the uterus). When ejaculation occurs during vaginal sex, the diaphragm provides a barrier to stop the sperm entering the uterus. After sex, the diaphragm must be left in place for at least six hours.

For a diaphragm to work it needs to fit properly, be put in correctly and be used every time you have sex. When used correctly, the diaphragm is about 82-86% effective at preventing pregnancy.

The diaphragm is not generally recommended for young women because it is less effective than other methods.

Fertility Awareness Methods

These methods of contraception rely on not having sexual intercourse at times of the month when the woman is most fertile.

This method uses cycle dates and/or signs from a woman's body to tell when to avoid having sex, such as mucus changes, cervix changes and temperature rises. Fertility awareness methods are quoted to be anywhere from 75 to 99.6% effective at preventing pregnancy, but require specific education from experts in the field.

Things to consider:

- Fertility awareness methods do not protect against STIs.
- There are many days when you need to avoid sexual intercourse or use a barrier method like a condom.
- These methods are not as effective as other forms of contraception.
- You must monitor your cycle and if your periods are not regular, these methods can be tricky to use.
- These methods require cooperation and education of both partners. It takes a lot of practice to use them well.

Withdrawal

Withdrawal is when the penis is removed (withdrawn/pulled out) from the vagina before ejaculation occurs. It is not recommended as a regular method of contraception because it is less effective than other methods. Withdrawal can be anywhere between 78 - 96% effective at preventing pregnancy.

Things to consider:

- Withdrawal does not protect against STIs
- It is less effective than other forms of contraception because:
 - there may be some sperm in the fluid that comes out of the penis before ejaculation occurs (pre-ejaculate)
 - you might forget to withdraw the penis or not be quick enough
 - if ejaculation occurs at the entrance to the vagina some sperm may still get inside and result in a pregnancy.

Sterilisation

Both men and women can have procedures to make them permanently unable to have children. Sterilisation is not used as a method of contraception for young people except in very special circumstances.

Sterilisation is more than 99.5% effective at preventing any future pregnancies depending on the method used.

There are a few types of sterilisation procedures women can have and they all involve blocking the fallopian tubes so that sperm cannot travel up to meet the egg and start a pregnancy.

Male sterilisation is called vasectomy - it blocks sperm from getting into the ejaculate (cum).

Consult with your doctor to find the best choice for you

Family Planning NSW

Family Planning NSW specialises in reproductive and sexual health information and services. Our friendly doctors and nurses have up-to-date information on contraception. They can advise you about different methods of contraception and discuss which ones might be right for you.

Family Planning NSW has clinics around NSW – check out a Family Planning NSW clinic near you:

www.fpnsw.org.au

Also available in this series are:

- **Your Best Defence: Keeping an eye on STIs**
- **Me, Myself and I: Puberty information for every body**
- **You + Me = Us: All about relationships**

Find out more at: www.fpnsw.org.au/youngpeople

Connect with us

Find us online for news, information, resources and campaigns. We also share videos, photos and Family Planning NSW events.

 /familyplanningnsw

 @familyplanningnsw

 @famplanningnsw

 www.bodytalk.org.au

Our Facebook page isn't able to give you one-on-one consultations. If you need medical advice, please visit one of our clinics or call our Family Planning NSW Talkline 1300 658 886.

just
ask us

1300 658 886

Family Planning NSW Talkline

fertility

pregnancy
options

contraception

sexually
transmissible
infections (STIs)

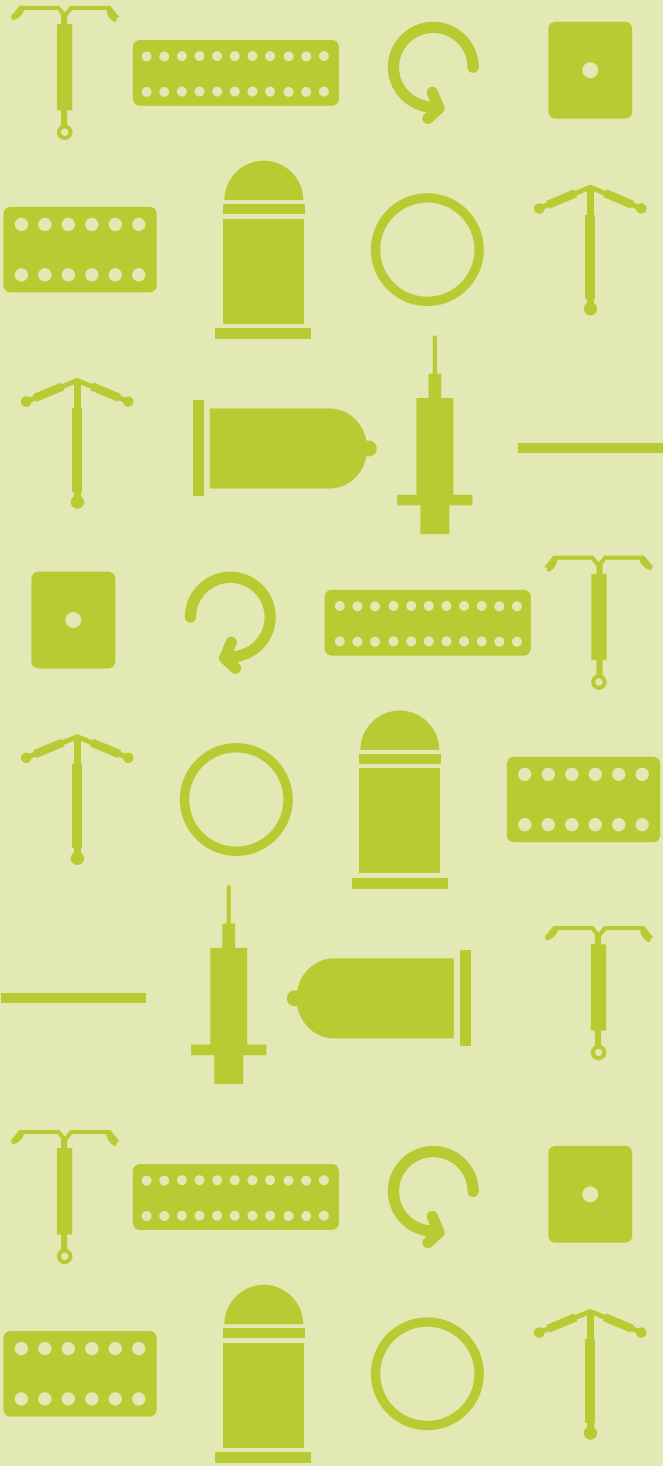
healthy
relationships

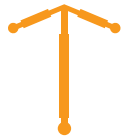
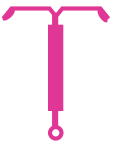
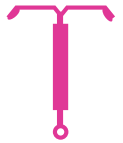
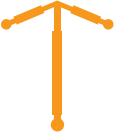
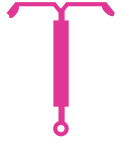
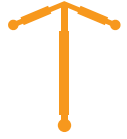
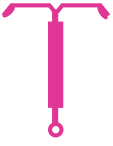
men's sexual
health

puberty

menopause

Family Planning NSW also answers questions about reproductive and sexual health over the phone: **Family Planning NSW Talkline** 1300 658 886 open 8:30am to 5pm weekdays or by email via the Family Planning NSW website www.fpsw.org.au/talkline







contact us

Family Planning NSW, Ashfield

328-336 Liverpool Road,
Ashfield NSW 2131
Phone: (02) 8752 4300

Family Planning NSW, Dubbo

2B / 155 Macquarie Street
Dubbo NSW 2830
Phone: (02) 6885 1544

Family Planning NSW, Fairfield

24-26 Nelson St
Fairfield NSW 2165
Phone: (02) 9754 1322

Family Planning NSW, Hunter

384 Hunter Street
Newcastle NSW 2300
Phone: (02) 4929 4485

Family Planning NSW, Penrith

13 Reserve Street
Penrith NSW 2750
Phone: (02) 4749 0500

Family Planning NSW Talkline:

1300 658 886 or fpnsw.org.au/talkline

Family Planning NSW Shop:

(02) 8752 4307 or shop@fpnsw.org.au

© Family Planning NSW 2021

