

Where can I obtain services through the North Dakota Family Planning Program?

**Upper Missouri District Health Unit
Family Planning Program**
507 University Ave.
Williston, N.D. 58801-5666 572.3763
*Crosby 965.6813
*Stanley 628.2951

**First District Health Unit
Family Planning Program**
801 11th Ave. S.W., P.O. Box 1268
Minot, N.D. 58701 852.1376

Lake Region Family Planning Program
Ramsey County Courthouse
524 Fourth Ave. #9
Devils Lake, N.D. 58301 662.7046
* Rugby 776.6937

Valley Health and WIC
1551 28th Ave. S.
Grand Forks, N.D. 58201 775.4251
*Grafton 352.0251

**Fargo Cass Public Health
Family Planning Program**
401 Third Ave. N.
Fargo, N.D. 58102-4811 241.1383
* NDSU 237.7331

Richland County Family Planning Program
413 Third Ave. N.
Wahpeton, N.D. 58075 642.7747

Central Valley Family Planning Program
310 10th St. S.E., Box 880
Jamestown, N.D. 58401 252.8130

Custer Family Planning Center
1000 E. Rosser Ave., Suite C
Bismarck, N.D. 58501 255.3535
*Linton 254.4027

Community Action Family Planning Program
202 E. Villard
Dickinson, N.D. 58601 227.0131

* Satellite Clinic

For more information, please call or write to the agency nearest you, or call the following toll-free number: 1.800.472.2286. If you wish to receive family planning services, you should make an appointment ahead of time.



**North Dakota Department of Health
Family Planning Program**

Family Planning Program



**North Dakota Department of Health
Division of Maternal and Child Health**

What is Family Planning?

Family planning helps you decide the number of children you want and when you want to have them. It is a decision for you and your partner to make together.

What is the philosophy of the North Dakota Family Planning Program?

The North Dakota Family Planning Program helps men and women take responsibility for their reproductive health through education, counseling and medical services.

Who can use Family Planning Services?

Family planning services are available to all regardless of age, gender, race, nationality, religion, disability or ability to pay.

Why have Family Planning?

- For healthier mothers, fathers and babies
- For healthier relationships between adults
- So all babies are wanted
- To help parents prepare for parenthood
- To help women who have health problems
- To counsel parents who have inherited diseases

Did you know?

The average woman has 32 or more years in her lifetime when she can bear children.

What is the cost of Family Planning services?

Clients are charged for services according to their ability to pay.

How can I decide about birth control?

Deciding about birth control is a very personal choice. First you need information about all the choices available. This decision is between you and your partner. You will find information about common types of birth control in this pamphlet.

For additional information, contact a family planning clinic or your private physician.

All Services Are Strictly Confidential

What services are available at a Family Planning clinic?

1. Clients receive education and information about:
 - All contraceptive methods
 - How to use the method of their choice
 - "Safer Sex" practices
 - Pregnancy
 - Nutrition
 - Infertility
 - Sterilization
 - Sexually transmitted diseases/AIDS
2. Clients have annual physical exams which may include:
 - Blood pressure
 - Height and weight
 - Urinalysis
 - Sexually transmitted disease diagnosis
 - Pap smear
 - Physical examination

Clients receive follow-up examinations and services to lessen potential problems.

A trained and caring staff of nurses, nurse practitioners and physicians provide clinical services.

3. Clients receive the contraceptive method of their choice unless there are contraindications to that method.
4. Clients who have infertility problems are eligible to receive medical services. They also may receive referrals.
5. Speakers are available upon request by schools or community groups to discuss family planning or related topics.
6. Pregnancy testing is done.
7. Examinations, treatment and follow-up for infections and sexually transmitted diseases are done.
8. Basic genetic counseling and referral for genetic evaluation are done.
9. Emergency contraceptive services are available.

METHODS OF CONTRACEPTION

* Contraceptive Technology 17th Revised Edition

METHOD	SAYING "NO"/ ABSTINENCE	NATURAL FAMILY PLANNING FERTILITY AWARENESS	DIAPHRAGM CERVICAL CAP	CONDOM AND SPERMICIDE USED TOGETHER	INTRAUTERINE DEVICE(IUD)	"THE PILL" THE "MINIPILL"	DEPO-PROVERA (INJECTABLE)	NORPLANT	STERILIZATION
WHAT IS IT?	A decision not to have sex until you are ready to make a commitment.	It provides ways of finding out the days each month when you are most likely to get pregnant. Sex is avoided at that time.	The diaphragm is a shallow rubber cup used with a spermicide jelly or cream. The cap is similar to the diaphragm but smaller.	For men: Thin, latex, disposable sheath lubricated with spermicide. It is worn over the penis during sex. For women: Soft, loose-fitting lubricated polyurethane pouch with rings on each end. One ring is inserted deep into the vagina. The other remains just outside vagina.	A small piece of plastic with nylon threads attached. One type of IUD has copper wire wrapped around it. The other type gives off a hormone, progesterone.	Combination pills contain two hormones, estrogen and progestin. These are like the hormones a woman makes in her own ovaries. The minipill has only progestin.	A form of birth control given as a shot that works for three months. It contains a hormone (progesterone) like the one the ovaries produce during the second half of the menstrual cycle.	Six small, match-sized capsules containing progestin.	Ducts carrying the sperm or the eggs are tied and surgically cut. Tubal ligation (woman). Vasectomy (man).
HOW DOES IT WORK?	Saying "NO" firmly and with feeling will tell your friend/partner that you don't want to have sex. Repeat as often as necessary.	Each day, keep track of the signs your body uses to tell you when you can get pregnant. Some of the signs are changes in body temperature, vaginal discharge and when you get your period.	Both methods act as barriers to prevent union of sperm and egg. Plus, both use a sperm-killing agent.	For both: Placed correctly, catches sperm so they can't enter vagina. Also shields you from exposure to HIV or other STDs. Protects your partner, too.	The IUD is inserted into the uterus. Two ways it works have been suggested: (1) slows down or stops sperm, and (2) changes the lining of the uterus, which may prevent implantation.	Prevents the release of an egg from a woman's ovaries. Makes cervical mucus thicker. Changes the lining of the uterus.	Prevents eggs from being released from the woman's ovaries. Makes cervical mucus thicker. Changes the lining of the uterus.	Once placed, small amounts of progestin are released, which stop the release of an egg, thicken cervical mucus and thin the lining of the uterus.	Closing the tubes in the woman prevents the egg from reaching the sperm. Closing the tubes in the man prevents the sperm from reaching the egg.
*HOW RELIABLE OR EFFECTIVE IS IT?	100 percent effective when used all the time.	Certain methods are about 91 to 99 percent effective if used all the time. Using more than one method is more effective.	The diaphragm and the cervical cap are each 94 percent effective if used correctly and consistently.	More than 99 percent effective if used each time. Condoms used alone are 98 percent effective; spermicides used alone are 97 percent effective.	About 98 percent effective.	About 98 percent effective if taken each day.	Depo-Provera is 99 percent effective if the shot is received every three months.	Norplant is 99.9 percent effective.	More than 99.8 percent effective. Not usually reversible.
HOW WOULD I USE IT?	Say "NO" with conviction. Be assertive. For best results say, "If you love me, you wouldn't ask me."	Daily records of several body signs must be kept. These include body temperature, vaginal discharge and when you get your period. Being aware of these signs lets you know when not to have sex.	Insert diaphragm/cap with jelly or cream into the vagina and cover the cervix. Must be inserted before sex but may be inserted up to six hours before. Must stay in place at least six hours after sex. (Add spermicide before each time you have sex.)	Spermicides must be put into the vagina before sex. The condom must be placed onto the erect penis before its contact with vagina. The female condom must be put into the vagina before sex. Use each condom only once.	Check the strings at least once each month right after the menstrual period. Make sure the IUD is still properly in place.	Either of two ways: (1) a pill a day for three weeks, stop for one week, then start a new pack; (2) a pill each day with no stopping between packs. Do not borrow from a friend.	Receive the first shot within the first five days after the onset of your normal menstrual period. If you have just had a baby and are breastfeeding, you should wait six weeks. If you are not breastfeeding, you may get the shot within five days of the birth.	The capsules are placed under the skin on the woman's upper arm. Once they are placed, the woman needs to do nothing for five years, at which time they are removed.	The decision to have no more children is made. A brief surgical procedure is performed on the man or the woman.
ARE THERE PROBLEMS WITH IT?	Your relationship with your friend/partner may be changed. They may become upset or angry, and the relationship may end. If this occurs, ask yourself, "What is best for me?"	Sex must be avoided for part of each cycle. Careful and accurate records must be kept.	The diaphragm/cap must be fitted by a clinician after a pelvic exam. Some women may find it hard to insert, inconvenient or messy.	Requires more effort than some couples like. May be messy or inconvenient. Interrupts sex. Some men may object to using condoms. Condoms may break.	Must be inserted by a clinician after a pelvic exam. Cannot be used by all women. Sometimes the uterus "pushes" it out.	Must be prescribed by a clinician after a complete medical exam. Some women should not take it. Minipill users may have break-through bleeding. Smoking increases the chance of blood clots or stroke.	Must be prescribed by a clinician. Requires an injection every 13 weeks. Does not protect against sexually transmitted diseases.	Irregular bleeding may occur for several months after insertion. Requires minor surgical procedure to put in and remove. Initial cost is high. Does not protect against STDs.	Requires a surgical procedure. Does not protect against STDs. Cannot easily be reversed. Costly.
WHAT ARE THE SIDE EFFECTS OR COMPLICATIONS?	There are only positive side effects, such as not getting pregnant or not getting a sexually transmitted disease. "NO" helps you avoid the concerns of a relationship for which you aren't ready.	No side effects. Does not protect against STDs.	Some women may have an allergy to the latex or polyurethane or to the spermicide. Some agents may be irritating to the penis. There may be risk of toxic shock syndrome.	Spermicide may irritate the woman's vagina or the man's penis. Changing brands may help. Women and men rarely are allergic to latex.	May cause cramps, bleeding or spotting. Infections of the uterus or of the tubes may be serious. See a clinician for pain, bleeding, fever or discharge.	Nausea, weight gain, missed periods, darkened skin on the face, or depression may occur. More serious and rare are blood clots in the legs, the lungs or the brain, and heart attacks. See a clinician if severe problems occur. Less cardiovascular risk with mini pill.	Irregular bleeding, weight gain, headache, nervousness, dizziness, depression, fatigue or loss of bone density (osteoporosis) may occur. Bone fractures may be caused by the combined effect of weight gain and loss of bone density. Check with a clinician if symptoms occur.	Most women do not have major problems. Headaches, nervousness, nausea, dizziness, dermatitis and acne can occur.	All surgical procedures have some risk, but serious complications for these are not common. Some pain may last for several days.
WHAT ARE THE ADVANTAGES?	It delays sexual relationships until you are ready for them. It also helps you develop strong friendships and make plans for the future.	Safe, inexpensive and effective. Few religious concerns about the method. Teaches women about their menstrual cycles.	May provide some protection against sexually transmitted diseases.	Effective and safe. May be bought without a prescription. May protect against HIV and other sexually transmitted diseases.	Effective. Always there when needed. Usually not felt by either partner.	Convenient, effective, does not interfere with sex, and may diminish menstrual cramps and menstrual flow.	Long-lasting protection for three months. No daily pill to remember and it cannot be expelled from the body. It is safe to use while breastfeeding.	Provides protection for five years. May decrease menstrual cramps and anemia.	Very effective method with a small chance of complications. Many people feel that removing fear of pregnancy improves sexual relations.