

# EXHIBIT 1

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

PRIESTS FOR LIFE, *et al.*,

Plaintiffs,

-v-

DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, *et al.*,

Defendants.

Case No. 1:13-cv-01261-EGS

**DECLARATION OF FATHER  
FRANK PAVONE AND PRIESTS  
FOR LIFE**

I, Father Frank Pavone, make this declaration pursuant to 28 U.S.C. § 1746 and based on my personal knowledge. I also make this declaration on behalf of Priests for Life and thus based on information known by me and information provided to me by the organization.

1. I am an adult citizen of the United States and a plaintiff in this case.
2. I am an ordained, Roman Catholic priest and the National Director of Priests for Life. I am currently covered under Priests for Life's health care plan.
3. Priests for Life is a nonprofit corporation that is incorporated under the laws of the State of New York. It is recognized by the Internal Revenue Service as a Section 501(c)(3) organization. Priests for Life is a religious organization. However, it is not a church or a religious order. In short, it is not an organization that is referred to in Section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code. Consequently, Priests for Life is not a "religious employer" for purposes of the contraceptive services mandate of the Patient Protection and Affordable Care Act (hereinafter "Affordable Care Act" or "Act") and is therefore not exempt from the contraceptive services mandate.
4. As part of its commitment to Catholic social teaching, Priests for Life promotes the health and well-being of its employees. In furtherance of this commitment, Priests for Life

provides health insurance for its employees through an insurer.

5. Priests for Life's health care plan is not a "grandfathered" plan under the Affordable Care Act for multiple reasons, including, but not limited to, the following: (1) the health care plan does not include the required "disclosure of grandfather status" statement; (2) Priests for Life does not take the position that its health care plan is a grandfathered plan and thus does not maintain the records necessary to verify, explain, or clarify its status as a grandfathered plan nor will it make such records available for examination upon request; and (3) the health care plan has an increase in a percentage cost-sharing requirement measured from March 23, 2010.

6. Priests for Life ensures that its insurance policies do not cover, promote, or provide access to drugs, devices, services, or procedures inconsistent with its faith, including contraception.

7. Priests for Life cannot provide health insurance that supports, whether directly or indirectly, artificial contraception, sterilization, abortifacients, abortion, or related education and counseling without violating its sincerely held religious beliefs.

8. Priests for Life cannot provide health insurance that provides access to and makes available contraception, sterilization, abortifacients, abortion, or related education and counseling without violating its sincerely held religious beliefs.

9. Priests for Life cannot provide information or guidance to its employees about other locations at which they can access artificial contraception, sterilization, abortifacients, abortion, or related education and counseling without violating its sincerely held religious beliefs.

10. In sum, neither Priests for Life nor I can facilitate, promote, or support in any way, whether directly or indirectly, the federal government's objective of promoting and

increasing the use of contraceptive services without violating our sincerely held religious beliefs.

11. Priests for Life is funded almost exclusively through tax-deductible donations. Donors who give to Priests for Life do so with an understanding of Priest for Life's mission and with the assurance that Priests for Life will continue to adhere to, disseminate, and report reliable Catholic teaching on the sanctity of life and human sexuality.

12. Priests for Life cannot use donated funds for purposes known to be morally repugnant to its donors and in ways that would violate the implicit trust of the purpose for their donations, such as using these funds to facilitate, promote, or support in any way the use of contraceptive services.

13. Priests for Life's next plan year will commence on January 1, 2014.

14. Through my association with Priests for Life, I engage in various expressive activities to advance and promote Priests for Life's religious mission, which includes, at its core, spreading the Gospel of Life. This activity is a religious exercise for me, as I am called by my priestly vocation to evangelize and spread the Gospel of Life.

15. The Gospel of Life, which is an expression of the Catholic Church's position and central teaching regarding the value and inviolability of human life, affirms and promotes the culture of life and actively opposes and rejects the culture of death. Contraception, sterilization, abortifacients, and abortion are all instruments of the culture of death, and their use can never be approved, endorsed, facilitated, promoted, or supported in any way.

16. The contraceptive services mandate of the Affordable Care Act requires coverage for, and promotes the use of, all Food and Drug Administration ("FDA") approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity. FDA approved contraceptive methods include devices and procedures,

birth control pills, prescription contraceptive devices, Plan B (also known as the “morning after pill”), and ulipristal (also known as “ella” or the “week after pill”). Plan B and ella, as well as certain intrauterine devices (“IUD”), can prevent the implantation of a human embryo in the wall of the uterus and can thus cause the death of an embryo, thereby operating as abortifacients. See a true and correct copy of the FDA’s Birth Control Guide, attached to this declaration as Exhibit A. All of these FDA approved methods and procedures are gravely immoral and contrary to Priests for Life’s and my sincerely held religious beliefs.

17. To advance the mission of Priests for Life and, ultimately, the mission of the Church, I often use the media of television, radio, and the printed press to promote the culture of life. For example, I host the *Defending Life* television series on the Eternal Word Television Network (EWTN). Indeed, my life and my vocation are dedicated to spreading the Gospel of Life and thus building a culture of life.

18. Consequently, I strongly object to the federal government forcing Priests for Life, the organization with which I associate and through which I tirelessly work to build the culture of life, to provide or facilitate, whether directly or indirectly, any support for, or access to, contraception, sterilization, and abortifacients and related education and counseling based on my sincerely held religious beliefs. Further, I strongly object to the federal government forcing Priests for Life to facilitate, support, or cooperate in any way with the government’s immoral objective of promoting the use of contraceptive services—an objective that is squarely at odds with my religious beliefs and which directly undermines the very work that I do.

19. Priests for Life is a private association of the faithful, recognized and approved under the Canon Law of the Catholic Church. It works in harmony with the goals of the Bishops’ Pro-Life Committee and the local diocesan respect life offices.

20. Priests for Life was founded in 1991 to do one of the most important tasks in the Church today: to help spread the Gospel of Life.

21. The mission of Priests for Life is to unite and encourage all clergy to give special emphasis to the life issues in their ministry. It also seeks to help them take a more vocal and active role in the pro-life movement. Priests for Life exists to fight the culture of death.

22. Pursuant to its Mission Statement, Priests for Life seeks to: (1) unite, encourage, and provide ongoing training to priests and deacons who give a special emphasis to the “life issues,” especially abortion and euthanasia, in their ministries; (2) instill a sense of urgency in all clergy to teach about these issues and to mobilize their people to help stop abortion and euthanasia; (3) assist clergy and laity to work together productively for the cause of life; and (4) provide ongoing training and motivation to the entire pro-life movement.

23. Priests for Life offers a wide range of audios, videos, and brochures, and regularly uses the media of television, radio, and the printed press to spread the message of life.

24. As the National Director of Priests for Life, I, along with my associates, including Dr. Alveda King and Ms. Janet Morana, travel the country full time to meet with priests, pro-life groups, and others to express, teach, and spread the Gospel of Life.

25. As the primary spokesman for Priests for Life, I use the media of television, radio, and the printed press to spread Priests for Life’s message of life. Through my media appearances and other expressive activities, I promote the culture of life and actively oppose the culture of death and its support for contraception, sterilization, abortifacients, and abortion.

26. Priests for Life, a Catholic organization, is morally prohibited based on its sincerely held religious convictions from cooperating with evil. Priests for Life objects to being forced by the federal government to purchase a health care plan that provides its employees with

access to contraceptives, sterilization, and abortifacients, all of which are prohibited by its religious convictions. This is true whether the immoral services are paid for directly, indirectly, or even not at all by Priests for Life. Contraception, sterilization, and abortifacients are immoral regardless of their cost. And Priests for Life objects to the federal government forcing it into a moral dilemma with regard to its relationship with its employees and associates, including Dr. King, Ms. Morana, and me. Indeed, the contraceptive services mandate of the federal government threatens the very survival of Priests for Life as an effective, pro-life organization.

27. Priests for Life has a moral and religious obligation to resist and oppose actions designed to advance and promote the use of contraceptive services. As such, Priests for Life will not submit to any requirements imposed by the federal government that will promote the use of contraceptive services, including any requirement to provide a “self-certification” to its insurer that will then trigger the insurer’s obligation to make “separate payments for contraceptive services directly for plan participants and beneficiaries” of Priests for Life’s health care plan.

28. Pursuant to its moral and religious obligations, Priests for Life will not provide any notice or information to its insurer, its employees, or to the beneficiaries of its health care plan that is designed to promote or facilitate the use of contraceptive services.

29. Therefore, by refusing to cooperate with, and thus facilitate, the government’s immoral contraceptive services scheme and objective and by further refusing to provide coverage in its health care plan for immoral contraceptive services and related education and counseling required by the mandate, all based on its sincerely held religious beliefs, Priests for Life will be subject to crippling fines of \$100 per day per employee.

30. Priests for Life and I hold and actively profess religious beliefs that include traditional Christian teaching on the nature and purpose of human sexuality. In particular, in

accordance with Pope Paul VI's 1968 encyclical *Humanae Vitae*, we believe that human sexuality has two primary purposes: to “most closely unit[e] husband and wife” and “for the generation of new lives.” We believe and actively profess the Catholic Church teaching that “[t]o use this divine gift destroying, even if only partially, its meaning and purpose is to contradict the nature both of man and of woman and of their most intimate relationship, and therefore it is to contradict also the plan of God and His Will.” Therefore, we believe and teach that “any action which either before, at the moment of, or after sexual intercourse, is specifically intended to prevent procreation, whether as an end or as a means”—including contraception and sterilization—is a grave sin.

31. Priests for Life and I believe, as Pope Paul VI prophetically stated in *Humanae Vitae*, that “man, growing used to the employment of anticonceptive practices, may finally lose respect for the woman and, no longer caring for her physical and psychological equilibrium, may come to the point of considering her as a mere instrument of selfish enjoyment, and no longer as his respected and beloved companion.” Consequently, we believe and profess that the contraceptive services mandate harms women physically, emotionally, morally, and spiritually.

32. Priests for Life and I also hold and actively profess religious beliefs that include traditional Christian teaching on the sanctity of life. We believe and teach that each human being bears the image and likeness of God, and therefore all human life is sacred and precious from the moment of conception. Consequently, we believe and teach that abortion, which includes abortifacients, ends a human life and is a grave sin.

33. Further, we subscribe to authoritative Catholic teaching about the proper nature and aims of healthcare and medical treatment. For example, we believe, in accordance with Pope John Paul II's 1995 encyclical *Evangelium Vitae*, that “[c]ausing death' can never be

considered a form of medical treatment,” but rather “runs completely counter to the health-care profession, which is meant to be an impassioned and unflinching affirmation of life.”

34. Based on the teaching of the Catholic Church, and our own sincerely held beliefs, Priests for Life and I do not believe that contraception, sterilization, abortifacients, or abortion are properly understood to constitute medicine, healthcare, or a means of providing for the well-being of persons. Indeed, we believe these procedures involve gravely immoral practices.

35. Priests for Life’s health care policy must be renewed by January 1, 2014, and at that time it will be subject to the contraceptive services mandate of the Affordable Care Act, which will then force Priests for Life and me through my association with Priests for Life to facilitate, support, and provide access to coverage for contraception, sterilization, and abortifacients and to further facilitate, support, and cooperate in the government’s immoral objective of promoting the use of contraceptive services.

36. Consequently, as of January 1, 2014, Priests for Life will be required by the federal government to provide contraceptive, sterilization, and abortifacient coverage as part of its health care plan contrary to Priests for Life’s and my sincerely held religious beliefs.

37. Priests for Life and I are morally prohibited based on our sincerely held religious convictions from cooperating, directly or indirectly, with evil. Thus, we strongly object to the federal government forcing Priests for Life to purchase a health care plan that provides its employees with access to contraceptives, sterilization, and abortifacients, all of which are prohibited by our religious convictions. This is true whether the immoral services are paid for directly, indirectly, or even not at all by Priests for Life or me. Contraception, sterilization, and abortifacients are immoral regardless of their cost. And Priests for Life and I strongly object to the government forcing us into a moral and economic dilemma with regard to Priests for Life’s

relationship as employer with its employees and those who associate with Priests for Life for the purpose of promoting its religious mission. Moreover, Priests for Life and I object to being forced by the government to facilitate, support, and promote the government's immoral objective of promoting the use of contraceptive services—an objective that is directly at odds with the mission and purpose of Priests for Life and with our sincerely held religious beliefs.

38. In addition, if Priests for Life were forced out of the healthcare market, many of its employees, including Dr. King and Ms. Morana, would be forced to purchase a costly, individual insurance plan as a result of the “minimum coverage” provision of the Affordable Care Act. As a result, these employees will now be forced to purchase, and thus contribute to, contraception coverage because this mandate applies to individual plans.

39. In sum, the federal government is now forcing religious employers, including Priests for Life, out of the healthcare market because of their sincerely held religious beliefs, which is both a direct harm in and of itself and an indirect harm in that it will put Priests for Life at a competitive disadvantage vis-à-vis employers offering health care plans in the employee marketplace.

40. Because of the contraceptive services mandate, including the so-called “accommodation,” Priests for Life must now make business decisions that will affect its ability to continue the services it provides. As a nonprofit organization, Priests for Life funds its operations almost entirely through tax-deductible donations, including planned giving. Priests for Life must make business decisions now based on what it expects to receive in donations in the future. This requires Priests for Life to look several years ahead to determine what its budget will be and thus what services it will be capable of providing. Priests for Life's donors will not support an organization that provides its employees with access to contraception, sterilization, or

abortifacients—practices that run counter to Priests for Life’s mission, goals, and message—the very basis for the donations in the first instance.

41. Indeed, the current mandate with its limited religious employer exemption and so-called “accommodation” will force Priests for Life out of the market for health care services and thus adversely affect it as an organization. Many of Priests for Life’s valued employees, without whom Priests for Life could not provide its much needed services, may be forced to leave Priests for Life and seek other employment that provides health care benefits.

42. The contraceptive services mandate is causing Priests for Life and me to feel economic and moral pressure today as a result of the federal government imposing substantial burdens on our religious beliefs and practices.

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Executed on the 12th day of September, 2013.

A handwritten signature in black ink that reads "Fr. Frank Pavone". The signature is written in a cursive style with a large, prominent initial "P".

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Father Frank Pavone

# EXHIBIT A



# Birth Control Guide

This guide gives the basic facts about the different kinds of FDA-approved medicines and devices for birth control. Ask your doctor to tell you about all of the risks and benefits of using these products.



If you do not want to get pregnant, there are many birth control options to choose from. No one product is best for everyone. The only sure way to avoid pregnancy and sexually transmitted infections (STIs or STDs) is not to have any sexual contact (abstinence). This guide lists FDA-approved products for birth control. Talk to your doctor, nurse, or pharmacist about the best method for you.

There are different kinds of medicines and devices for birth control:

- Barrier Methods** .....4
- Hormonal Methods** .....10
- Emergency Contraception** .....16
- Implanted Devices** .....18
- Permanent Method for Men** .....21
- Permanent Methods for Women** .....22

**Some things to think about when you choose birth control:**

- Your health
- How often you have sex.
- How many sexual partners you have.
- If you want to have children in the future.
- If you will need a prescription or if you can buy the method over-the-counter.
- The number of pregnancies expected per 100 women who use a method for 1 year. For comparison, about 85 out of 100 sexually active women who do not use any birth control can expect to become pregnant in a year.
- This booklet lists pregnancy rates of **typical use**. Typical use shows how effective the different methods are during actual use (including sometimes using a method in a way that is not correct or not consistent).
- For more information on the chance of getting pregnant while using a method, please see Trussell, J. (2011). "Contraceptive failure in the United States." *Contraception* 83(5):397-404.

**Tell your doctor, nurse, or pharmacist if you:**

- Smoke.
- Have liver disease.
- Have blood clots.
- Have family members who have had blood clots.
- Are taking any other medicines, like antibiotics.
- Are taking any herbal products, like St. John's Wort.

**To avoid pregnancy:**

- No matter which method you choose, it is important to follow all of the directions carefully. If you don't, you raise your chance of getting pregnant.
- The best way to avoid pregnancy and sexually transmitted infections (STIs) is to practice total abstinence (do not have any sexual contact).

**To Learn More:**

This guide should not be used in place of talking to your doctor or reading the label for your product. The product and risk information may change. To get the most recent information for your birth control go to:

**Drugs**

Go to <http://www.accessdata.fda.gov/scripts/cder/drugsatfda>  
(type in the name of your drug)

**Devices**

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/LSTSimpleSearch.cfm>  
(type in the name of your device)

# BARRIER METHODS

Block sperm from reaching the egg

## Male Condom (Latex or Polyurethane)



### What is it?

- A thin film sheath placed over the erect penis.

### How do I use it?

- Put it on the erect penis right before sex.
- Pull out before the penis softens.
- Hold the condom against the base of the penis before pulling out.
- Use it only once and then throw it away.

### How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

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## Female Condom



### What is it?

- A lubricated, thin polyurethane pouch that is put into the vagina.

### How do I use it?

- Put the female condom into the vagina right before sex.
- Use it only once and then throw it away.

### How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

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### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, about 21 may get pregnant.
- The most important thing is that you use a condom every time you have sex.

### Some Risks

- Irritation
- Allergic reactions

### Does it protect me from sexually transmitted infections (STIs)?

- May give some protection against STIs, but more research is needed.
- Not as effective as male latex condoms.

## BARRIER METHODS

Block sperm from reaching the egg

### Diaphragm with Spermicide

Spermicides containing N9 can irritate the vagina and rectum. It may increase the risk of getting the AIDS virus (HIV) from an infected partner.



#### What is it?

- A dome-shaped flexible disk with a flexible rim.
- Made from latex rubber or silicone.
- It covers the cervix.

#### How do I use it?

- You need to put spermicidal jelly on the inside of the diaphragm before putting it into the vagina.
- You must put the diaphragm into the vagina before having sex.
- You must leave the diaphragm in place at least 6 hours after having sex.
- It can be left in place for up to 24 hours. You need to use more spermicide every time you have sex.

#### How do I get it?

- You need a prescription.
- A doctor or nurse will need to do an exam to find the right size diaphragm for you.
- You should have the diaphragm checked after childbirth or if you lose more than 15 pounds. You might need a different size.

#### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, about 12 may get pregnant.

#### Some Risks

- Irritation, allergic reactions, and urinary tract infection.
- If you keep it in place longer than 24 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

**Does it protect me from sexually transmitted infections (STIs)?** No.

### Sponge with Spermicide

Spermicides containing N9 can irritate the vagina and rectum. It may increase the risk of getting the AIDS virus (HIV) from an infected partner.



#### What is it?

- A disk-shaped polyurethane device with the spermicide nonoxynol-9.

#### How do I use it?

- Put it into the vagina before you have sex.
- Protects for up to 24 hours. You do not need to use more spermicide each time you have sex.
- You must leave the sponge in place for at least 6 hours after having sex.
- You must take the sponge out within 30 hours after you put it in. Throw it away after you use it.

#### How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

#### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, 12 to 24 may get pregnant.
- It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the sponge may not fit as well.

#### Some Risks

- Irritation
- Allergic reactions
- Some women may have a hard time taking the sponge out.
- If you keep it in place longer than 24-30 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

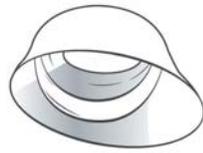
**Does it protect me from sexually transmitted infections (STIs)?** No.

## BARRIER METHODS

Block sperm from reaching the egg

### Cervical Cap with Spermicide

Spermicides containing N9 can irritate the vagina and rectum. It may increase the risk of getting the AIDS virus (HIV) from an infected partner.



#### What is it?

- A soft latex or silicone cup with a round rim, which fits snugly around the cervix.

#### How do I use it?

- You need to put spermicidal jelly inside the cap before you use it.
- You must put the cap in the vagina before you have sex.
- You must leave the cap in place for at least 6 hours after having sex.
- You may leave the cap in for up to 48 hours.
- You do NOT need to use more spermicide each time you have sex.

#### How do I get it?

- You need a prescription.

#### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, about 17 to 23 may get pregnant.
- It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the cap may not fit as well.

#### Some Risks

- Irritation, allergic reactions, and abnormal Pap test.
- You may find it hard to put in.
- If you keep it in place longer than 48 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

**Does it protect me from sexually transmitted infections (STIs)?** No

### Spermicide Alone

Spermicides containing N9 can irritate the vagina and rectum. It may increase the risk of getting the AIDS virus (HIV) from an infected partner.



#### What is it?

- A foam, cream, jelly, film, or tablet that you put into the vagina.

#### How do I use it?

- You need to put spermicide into the vagina 5 to 90 minutes before you have sex.
- You usually need to leave it in place at least 6 to 8 hours after sex; do not douche or rinse the vagina for at least 6 hours after sex.
- Instructions can be different for each type of spermicide. Read the label before you use it.

#### How do I get it?

- You do not need a prescription.
- You can buy it over-the-counter.

#### Chance of getting pregnant with typical use

(Number of pre

Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, about 28 may get pregnant.
- Different studies show different rates of effectiveness.

#### Some Risks

- Irritation
- Allergic reactions
- Urinary tract infection
- If you are also using a medicine for a vaginal yeast infection, the spermicide might not work as well.

**Does it protect me from sexually transmitted infections (STIs)?** No.

Prevent pregnancy by interfering with ovulation and possibly fertilization of the egg

## Oral Contraceptives (Combined Pill)

### “The Pill”



#### What is it?

- A pill that has 2 hormones (estrogen and progesterin) to stop the ovaries from releasing eggs.
- It also thickens the cervical mucus, which keeps the sperm from getting to the egg.

#### How do I use it?

- You should swallow the pill at the same time every day, whether or not you have sex.
- If you miss 1 or more pills, or start a pill pack too late, you may need to use another method of birth control, like a condom.

#### How do I get it?

- You need a prescription.

#### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, about 9 may get pregnant.

#### Some Side Effects

- Changes in your cycle (period)
- Nausea
- Breast tenderness
- Headache

#### Less Common Serious Side Effects

- It is not common, but some women who take the pill develop high blood pressure.
- It is rare, but some women will have blood clots, heart attacks, or strokes.

#### Does it protect me from sexually transmitted infections (STIs)? No.

## Oral Contraceptives (Progesterin-only)

### “The Mini Pill”



#### What is it?

- A pill that has only 1 hormone, a progesterin.
- It thickens the cervical mucus, which keeps sperm from getting to the egg.
- Less often, it stops the ovaries from releasing eggs.

#### How do I use it?

- You should swallow the pill at the same time every day, whether or not you have sex.
- If you miss 1 or more pills, or start a pill pack too late, you may need to use another method of birth control, like a condom.

#### How do I get it?

- You need a prescription.

#### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, about 9 may get pregnant.

#### Some Risks

- Irregular bleeding
- Headache
- Breast tenderness
- Nausea
- Dizziness

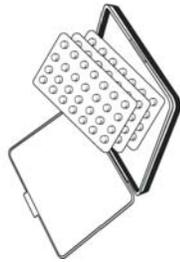
#### Does it protect me from sexually transmitted infections (STIs)? No.

# HORMONAL METHODS

Prevent pregnancy by interfering with ovulation and possibly fertilization of the egg

## Oral Contraceptives (Extended/Continuous Use)

### “The Pill”



#### What is it?

- A pill that has 2 hormones (estrogen and progesterin) to stop the ovaries from releasing eggs.
- It also thickens the cervical mucus, which keeps sperm from getting to the egg.
- These pills are designed so women have fewer or no periods.

#### How do I use it?

- You should swallow the pill at the same time every day, whether or not you have sex.
- If you miss 1 or more pills, or start a pill pack too late, you may need to use another method of birth control, like a condom.

#### How do I get it?

- You need a prescription.

#### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, about 9 may get pregnant.

#### Some Risks

- Risks are similar to other oral contraceptives with estrogen and progesterin.
- You may have more light bleeding and spotting between periods than with 21 or 24 day oral contraceptives.
- It may be harder to know if you become pregnant, since you will likely have fewer periods or no periods.

#### Does it protect me from sexually transmitted infections (STIs)? No.

## Patch



#### What is it?

- This is a skin patch you can wear on the lower abdomen, buttocks, or upper arm or back.
- It has hormones (estrogen and progesterin) that stop the ovaries from releasing eggs.
- It also thickens the cervical mucus, which keeps sperm from getting to the egg.

#### How do I use it?

- You put on a new patch and take off the old patch once a week for 3 weeks (21 total days).
- Don't put on a patch during the fourth week. Your menstrual period should start during this patch-free week.

- If the patch comes loose or falls off, you may need to use another method of birth control, like a condom.

#### How do I get it?

- You need a prescription.

#### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, about 9 may get pregnant.

#### Some Risks

- It will expose you to higher levels of estrogen compared to most combined oral contraceptives.
- It is not known if serious risks, such as blood clots and strokes, are greater with the patch because of the greater exposure to estrogen.

#### Does it protect me from sexually transmitted infections (STIs)? No.

Prevent pregnancy by interfering with ovulation and possibly fertilization of the egg

## Vaginal Contraceptive Ring



### What is it?

- It is a flexible ring that is about 2 inches around.
- It releases 2 hormones (progesterin and estrogen) to stop the ovaries from releasing eggs.
- It also thickens the cervical mucus, which keeps sperm from getting to the egg.

### How do I use it?

- You put the ring into your vagina.
- Keep the ring in your vagina for 3 weeks and then take it out for 1 week. Your menstrual period should start during this ring-free week.

- If the ring falls out and stays out for more than 3 hours, replace it but use another method of birth control, like a condom, until the ring has been in place for 7 days in a row.

- Read the directions and talk to your doctor, nurse or pharmacist about what to do.

### How do I get it?

- You need a prescription.

### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, about 9 may get pregnant.

### Some Side Effects and Risks

- Vaginal discharge, discomfort in the vagina, and mild irritation.
- Other risks are similar to oral contraceptives (combined pill).

**Does it protect me from sexually transmitted infections (STIs)?** No.

## Shot/Injection



### What is it?

- A shot of the hormone progesterin, either in the muscle or under the skin.

### How does it work?

- The shot stops the ovaries from releasing eggs.
- It also thickens the cervical mucus, which keeps the sperm from getting to the egg.

### How do I get it?

- You need 1 shot every 3 months from a health care provider.

### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, including women who don't get the shot on time, 6 may get pregnant.

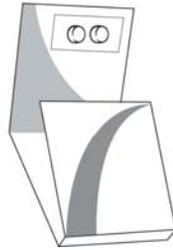
### Some Risks

- You may lose bone density if you get the shot for more than 2 years in a row.
- Bleeding between periods
- Headaches
- Weight gain
- Nervousness
- Abdominal discomfort

**Does it protect me from sexually transmitted infections (STIs)?** No.

May be used if you did not use birth control or if your regular birth control fails. It should not be used as a regular form of birth control.

## Plan B, Plan B One-Step and Next Choice (Levonorgestrel)



### What is it?

- These are pills with the hormone progesterin.
- They help prevent pregnancy after birth control failure or unprotected sex.

### How does it work?

- It works mainly by stopping the release of an egg from the ovary. It may also work by preventing fertilization of an egg (the uniting of sperm with the egg) or by preventing attachment (implantation) to the womb (uterus).
- For the best chance for it to work, you should take the pill(s) as soon as possible after unprotected sex.

- You should take emergency contraception within 3 days after unprotected sex.

### How do I get it?

- You can get Plan B, Plan B One-Step and Next Choice without a prescription if you are 17 years or older.
- If you are younger than 17, you need a prescription.

### Chance of getting pregnant with typical use

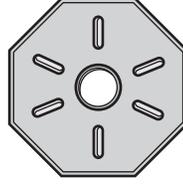
- 7 out of every 8 women who would have gotten pregnant will not become pregnant after taking Plan B, Plan B One-Step, or Next Choice.

### Some Risks

- Nausea
- Vomiting
- Abdominal pain
- Fatigue
- Headache

**Does it protect me from sexually transmitted infections (STIs)?** No.

## Ella (ulipristal acetate)



### What is it?

- A pill that blocks the hormone progesterone.
- It helps prevent pregnancy after birth control failure or unprotected sex.

### How does it work?

- It works mainly by stopping or delaying the ovaries from releasing an egg. It may also work by changing the lining of the womb (uterus) that may prevent attachment (implantation).
- For the best chance for it to work, you should take the pill as soon as possible after unprotected sex.
- You should take Ella within 5 days after having unprotected sex.

### How do I get it?

- You need a prescription.

### Chance of getting pregnant with typical use

- 6 or 7 out of every 10 women who would have gotten pregnant will not become pregnant after taking Ella.

### Some Risks

- Headache
- Nausea
- Abdominal pain
- Menstrual pain
- Tiredness
- Dizziness

**Does it protect me from sexually transmitted infections (STIs)?** No.

Inserted/implanted into the body and can be kept in place for several years

## Copper IUD



### What is it?

- A T-shaped device that is put into the uterus by a healthcare provider.

### How does it work?

- The IUD prevents sperm from reaching the egg, from fertilizing the egg, and may prevent the egg from attaching (implanting) in the womb (uterus).
- It does not stop the ovaries from making an egg each month.
- The Copper IUD can be used for up to 10 years.
- After the IUD is taken out, it is possible to get pregnant.

### How do I get it?

- A doctor or other healthcare provider needs to put in the IUD.

### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, less than 1 may get pregnant.

### Some Side Effects

- Cramps
- Irregular bleeding

### Uncommon Risks

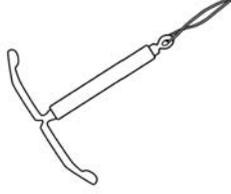
- Pelvic inflammatory disease
- Infertility

### Rare Risk

- IUD is stuck in the uterus or found outside the uterus.
- Life-threatening infection

**Does it protect me from sexually transmitted infections (STIs)?** No.

## IUD with progestin



### What is it?

- A T-shaped device that is put into the uterus by a healthcare provider.

### How does it work?

- It may thicken the mucus of your cervix, which makes it harder for sperm to get to the egg, and also thins the lining of your uterus.
- After a doctor or other healthcare provider puts in the IUD, it can be used for up to 5 years.
- After the IUD is taken out, it is possible to get pregnant.

### How do I get it?

- A doctor or other healthcare provider needs to put in the IUD.

### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, less than 1 may get pregnant.

### Some Side Effects

- Irregular bleeding
- No periods
- Abdominal/pelvic pain
- Ovarian cysts

### Uncommon Risks

- Pelvic inflammatory disease
- Infertility

### Rare Risk

- IUD is stuck in the uterus or found outside the uterus.
- Life-threatening infection

**Does it protect me from sexually transmitted infections (STIs)?** No.

Inserted/implanted into the body and can be kept in place for several years

## Implantable Rod



### What is it?

- A thin, matchstick-sized rod that contains the hormone progesterin.
- It is put under the skin on the inside of your upper arm.

### How does it work?

- It stops the ovaries from releasing eggs.
- It thickens the cervical mucus, which keeps sperm from getting to the egg.
- It can be used for up to 3 years.

### How do I get it?

- After giving you local anesthesia, a doctor or nurse will put it under the skin of your arm with a special needle.

### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, less than 1 may get pregnant.

### Some Side Effects

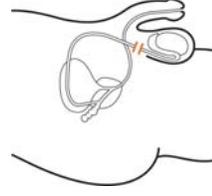
- Changes in bleeding patterns
- Weight gain
- Breast and abdominal pain

### Does it protect me from sexually transmitted infections (STIs)? No.

For people who are sure they never want to have a child or do not want any more children.

## Sterilization Surgery for Men Vasectomy

This method is for men who are sure they never want to have a child or do not want any more children. If you are thinking about reversal, vasectomy may not be right for you. Sometimes it is possible to reverse the operation, but there are no guarantees. Reversal involves complicated surgery that might not work.



### What is it?

- This is a surgery a man has only once.
- It is permanent.

### How does it work?

- A surgery blocks a man's vas deferens (the tubes that carry sperm from the testes to other glands).
- Semen (the fluid that comes out of a man's penis) never has any sperm in it.
- It takes about 3 months to clear sperm out of a man's system. You need to use another form of birth control until a test shows there are no longer any sperm in the seminal fluid.

### How do I get it?

- A man needs to have surgery.
- Local anesthesia is used.

### Chance of getting pregnant with typical use

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women whose partner has had a vasectomy, less than 1 may get pregnant.

### Some Risks

- Pain
- Bleeding
- Infection

### Does it protect me from sexually transmitted infections (STIs)? No.

### The success of reversal surgery depends on:

- The length of time since the vasectomy was performed.
- Whether or not antibodies to sperm have developed.
- The method used for vasectomy
- Length and location of the segments of vas deferens that were removed or blocked.

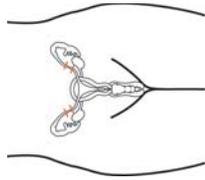
For people who are sure they never want to have a child or do not want any more children.

**Can it be reversed?**

Reversals require complicated surgery. Even though tubes can sometimes be rejoined, there are no guarantees. For many women, reversals are not possible because there is not enough of their tubes left to reconnect.

## Sterilization Surgery for Women

Surgical Implant (also called trans-abdominal surgical sterilization)



**What is it?**

- A device is placed on the outside of each fallopian tube.

**How does it work?**

- One way is by tying and cutting the tubes — this is called tubal ligation. The fallopian tubes also can be sealed using an instrument with an electrical current. They also can be closed with clips, clamps or rings. Sometimes, a small piece of the tube is removed.
- The woman's fallopian tubes are blocked so the egg and sperm can't meet in the fallopian tube. This stops you from getting pregnant.

- This is a surgery a woman has only once.
- It is permanent.

**How do I get it?**

- This is a surgery you ask for.
- You will need general anesthesia.

**Chance of getting pregnant with typical use**

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, less than 1 may get pregnant.

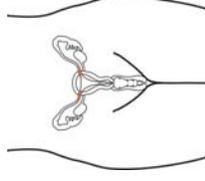
**Some Risks**

- Pain
- Bleeding
- Infection or other complications after surgery
- Ectopic (tubal) pregnancy

**Does it protect me from sexually transmitted infections (STIs)?** No.

## Sterilization Implant for Women

Transcervical Surgical Sterilization Implant



**What is it?**

- Small flexible, metal coil that is put into the fallopian tubes through the vagina.
- The device works by causing scar tissue to form around the coil. This blocks the fallopian tubes and stops you from getting pregnant.

**How does it work?**

- The device is put inside the fallopian tube with a special catheter.
- You need to use another birth control method during the first 3 months. You will need an X-ray to make sure the device is in the right place.

- It is permanent.

**How do I get it?**

- The devices are placed into the tubes using a camera placed in the uterus.
- Once the tubes are found, the devices are inserted.
- Since it is inserted through the vagina, no skin cutting (incision) is needed.
- You may need local anesthesia.

**Chance of getting pregnant with typical use**

(Number of pregnancies expected per 100 women who use this method for 1 year)

- Out of 100 women who use this method, less than 1 may get pregnant.

**Some Risks**

- Mild to moderate pain after insertion
  - Ectopic (tubal) pregnancy
- Does it protect me from sexually transmitted infections (STIs)?** No.



**Office of  
Women's  
Health**

<http://www.fda.gov/birthcontrol>

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## **To Learn More:**

This guide should not be used in place of talking to your doctor or reading the label for your product. The product and risk information may change. To get the most recent information for your birth control go to:

### **Drugs**

Go to <http://www.accessdata.fda.gov/scripts/cder/drugsatfda>  
(type in the name of your drug)

### **Devices**

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/LSTSimpleSearch.cfm>  
(type in the name of your device)

**UPDATED AUGUST 2012**

TAKE TIME TO CARE ... For yourself, for those who need you.