

In this world, nothing can be said to be certain, except death and taxes.

- Benjamin Franklin

Sorry, Ben. We need to add a couple of certainties to that list! Most folks will definitely have to make decisions about birth control, and half of all people are guaranteed to go through menopause.

Birth Control Basics

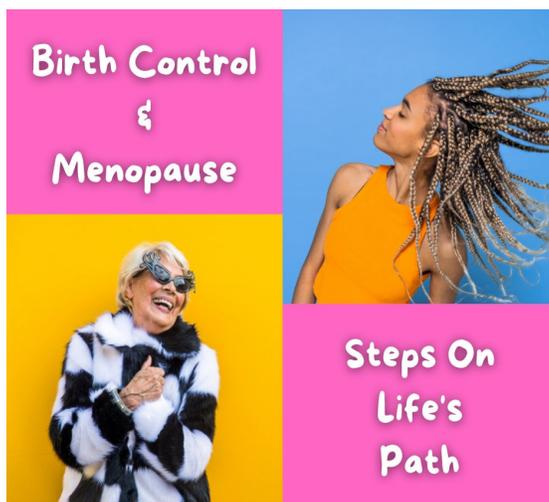
Also called contraception or [family planning](#), birth control refers to different ways of preventing pregnancy. There are many methods from which to choose, and it can get confusing. [Explore options here](#), and always feel free to run any questions by your Sawtooth Mountain Clinic provider. They can help you decide what would work best, and in most cases, whichever method you choose can be started or prescribed, right there in the exam room!

Emergency Contraception (EC) - As either pills or an Intrauterine Device (IUD), EC [reduces the chances of pregnancy](#) occurring after unprotected sex or if other methods fail (ie., a condom breaks or forgotten pills). It can't end an existing pregnancy - it can only prevent a pregnancy from happening. Emergency contraception is available at the SMC Pharmacy. Just ask for "Plan B."

Hormonal Contraception - This type of birth control includes *short-term reversible methods* (the [pill](#), [patch](#), [vaginal ring](#),) and *long-term reversible methods* (IUD, injectable, and implants). These prevent ovulation by [controlling levels of hormones](#) (estrogen and progesterone) and causing other bodily changes that decrease the chances of pregnancy.

Non-Hormonal Contraception - This category includes *barrier methods* (external and internal condoms, sponge, cervical cap, diaphragm, spermicide, and IUDs) and *sterilization* (vasectomy and tubal ligation). [These options](#) either create a physical barrier between sperm and egg, change the chemistry of the reproductive tract, or a combination of both. Condoms are available at the SMC pharmacy. Free condoms can be found in the SMC restrooms.

Other Methods - Fertility-awareness-based methods, lactational amenorrhea method (LAM), withdrawal (coitus interruptus), and



abstinence. [These methods](#) rely on tracking observations about a person's body and menstrual cycle or behavioral practices. They may somewhat reduce the likelihood of pregnancy, but they [can't be defined](#) as contraception.

Birth Control Truths

There are LOTS of myths about birth control! Here are a few truths. To bust 20 other myths, just click [here](#).

1. Birth control won't impact your ability to have children later.

Birth control doesn't impact fertility, but [sexually transmitted infections](#) sure can! Doubling up (using both condoms and another method) helps prevent both pregnancy and STIs.

2. IUDs can be used whether you've had children or not. In fact, they can be a great choice for young people because they're very effective, long-lasting (up to 10 years!), and completely reversible.

3. Birth control is not linked to cancer in any way. Actually, some options (the patch, ring, and IUD) reduce the risk of ovarian and uterine cancer.

What about trans and nonbinary people?

No matter where someone falls on the [gender spectrum](#), if you're able to get pregnant or cause someone to become pregnant, having a ["Reproductive Life Plan"](#) is important. Trans people need to keep in mind that gender-affirming hormone therapy is only designed to help align sex characteristics with gender identity. It doesn't function as birth control, and shouldn't be relied upon to prevent pregnancy. Any contraception option that's available for cisgender people will work for nonbinary and trans people, but some might work better than others, depending on other medications that are being taken. If you don't have any pre-existing risk factors, contraceptive choices mostly come down to personal preference and goals.

Questions?

If you've got questions about birth control, reach out to the providers at SMC! They can help clear up any confusion and get you started on your next best steps.

Taking care of ourselves can take a lot of support. We're here to help!
Ask a nurse or provider if you'd like to talk. 218-387-2330

Mechanisms and Management of Menopause



For everyone that can become pregnant, there eventually comes a point when birth control is no longer needed. Menopause is the signal that time has begun!

Mechanisms

Menopause isn't a disease or disorder. It's just one of the many transitions that are part of life. [Technically](#), menopause happens 12 months after a person's last period. In the US, the average age for menopause is 52, but it can be later or earlier. Earlier menopause can be brought about by having had chemotherapy, having one's ovaries removed, smoking, or if someone never had children.

Perimenopause (also called the "menopausal transition") is the years leading up to menopause, and it often begins between the ages of 45 and 55. It usually lasts about 7 years, but can last as long as fourteen. This transition is [triggered](#) when the ovaries start producing less of the hormones estrogen and progesterone. During this time, the amounts of hormones they produce can fluctuate, causing the symptoms of menopause to fluctuate too.

One of the first signs of approaching menopause may be irregular periods: shorter, longer, lighter, heavier, or skipped altogether and then starting again. [Contact your health care provider](#) if they happen very close together, are very heavy, last more than a week, or resume after being gone for more than a year. Vaginal bleeding after menopause can be a sign of a serious health problem.

If you don't want to become pregnant, it's important to continue using birth control during perimenopause. Ovulation may be irregular during this time, but it's still happening off and on - there's just no predicting when it will occur.

The hormone levels of [transgender women](#) are controlled to a greater extent by exogenous hormones (hormones from outside the body). If those levels of hormones have reason to fluctuate, then transgender women can experience symptoms of menopause, just like cisgender women do.

Management

Some people don't notice very many menopausal symptoms, while other people struggle with them. Here's a partial list and some tips for managing them.

1. [Hot Flashes](#) - Dress in layers, and avoid alcohol, caffeine, and spicy food. If you smoke, quitting is always a good idea. Supplemental hormones can help, but there are caveats. Your health care provider can help you weigh the pros and cons. Be cautious of "natural" remedies, because supplements aren't regulated for safety or effectiveness.
2. [Trouble Sleeping](#) - Improving "sleep hygiene" can help. Watch out for alcohol and caffeine. They can both lead to low-quality, fractured sleep.
3. [Pain during sex](#) - Vaginal dryness or irritation is more common after menopause. Over-the-counter lubricants can help, or your doctor may prescribe low-dose localized prescription hormones. While you may not have to worry about pregnancy after menopause, getting sexually transmitted infections is still possible. If you're in a non-monogamous relationship, it's important to continue to protect yourself.
4. [Depression, moodiness, or irritability](#) - this phase of life usually has lots of other changes piled on top of menopause, and when they're all combined, it can be a heavy load. Talk with your provider or one of the therapists at SMC about options for improving your mental well-being.
5. Other physical or mental changes (bladder control, weight gain, memory issues...) Here are three tips for these and all menopause changes:
 - [Keep moving](#) - Physical activity can help even out many of the bumps on the road through the menopause transition. It helps maintain muscle mass, strengthens bones, boosts mood, reduces the risk of cancer and other diseases, and helps prevent weight gain. Increasing [abdominal fat](#) can be especially troublesome during this time, but physical activity can help.
 - [Fuel wisely](#) - Aim for a Mediterranean-style diet: vegetables, fruit, legumes, whole grains, olive oil, nuts and seeds, herbs and spices, some fish and seafood, moderate dairy, and a limited amount of (or no) meat. This type of diet provides plenty of protein to preserve muscle mass, healthy fats, bone-building calcium, complex carbohydrates, and fiber to keep your [gut microbiome](#) happy.
 - Remember - You don't have to go this alone. The providers at SMC are here for you, with suggestions and support! Just call 218-387-2330 to make an appointment.