



Body Talk

Spring 2005

Aradia
Women's Health Center

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www.aradia.org · www.clinicafeminista.org

Open: Mondays (phones only), Tuesday- Saturday

Aradia Women's Health Center is a nonprofit, feminist organization whose mission is to empower women and protect choice through personalized reproductive health care services, community education, training of health care providers and legislative advocacy.

We Give Women a Choice and a Chance.

Our services include:

- Safe, Confidential Abortion Care Including the Abortion Pill
- Birth Control Including the "Morning-after Pill" and IUD insertions
- Annual Exams and Pap Smears
- STD/STI Testing and Treatment
- HIV Rapid Results Testing
- Lesbian & Transgender Health Care
- Pregnancy Options and Post Abortion Counseling
- Spanish-Speaking Staff & Health Information
- Saturday Appointments
- Personalized One-on-One Care with Knowledgeable, Supportive Health Care Advocates



To sign up for this newsletter or to be removed from this list email dca@aradia.org

What About An IUD?

With all the birth control options these days, you would think there would be a perfect method for everyone. But sometimes it is hard to find the birth control that fits you best. The pill and the patch are often advertised on TV, so many of us know about those methods. But the commercials don't tell you that just because it is a good match for one woman it doesn't mean it will feel right for every woman. There are many kinds of birth control options out there, and we want to help all our clients find the method that not only works, but works for them.

The IUD

One method that many women are unfamiliar with is the IUD (Intra Uterine Device). IUDs are a popular birth control option for women around the world today. Although the IUD does not protect against sexually transmitted infections, it is the most effective form of birth control other than abstinence. There is less than a 1% chance of getting pregnant with the IUD. There is no human error in using the IUD, like forgetting to take your pill.

How it Works

The IUD is about 1.5 inches long, shaped like a capitol T and works when inserted by a doctor directly into your uterus.

Aradia offers our clients two IUDs to choose from. One type of IUD is covered in metallic copper and does not have hormones. The copper on the IUD disturbs the movement of the sperm, making it difficult for sperm to reach the egg. If sperm does meet up with an egg, this IUD also works to prevent the egg from implanting in the wall of the uterus. Copper IUDs do not prevent ovulation, so the egg will still be released into the uterus each month.

There is also an IUD that has no copper, but instead releases a small amount of progesterone (a hormone) into the uterus. This helps reduce the bleeding and cramping common with the copper IUDs. Progesterone is the same hormone found in birth control pills, only the IUD has about 1/80th of the amount. Like the copper IUD, the progesterone IUD works by disturbing the movement of the sperm and by preventing fertilized eggs from implanting in the wall of the uterus.

Some women will not ovulate with the progesterone IUD, but with both forms of the IUD, most women will get their periods. The progesterone IUD works for five years, and the copper one for 10, though you can choose to remove them before that at any time.

Getting Started

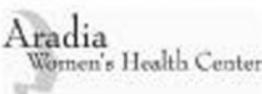
The first step to getting an IUD is a visit to your doctor, where you will talk about your health history. Any necessary screening tests will be done then, too. At this visit, the doctor will also give you a lot of information about IUDs, and talk with you about whether the IUD is a good option for you.

After that, you can have the IUD inserted, often an easy and quick process. First, you have a pelvic exam for the doctor to feel the size and shape of your uterus, and to measure its depth. Then, the IUD is placed inside the uterus and starts to work immediately. Most women will have some bleeding or cramping the day of the insert and for a few days afterward. You don't have to take a pill every day or change it once a week; you are good to go!

**RAPID RESULTS
HIV TESTING**



(206) 323 9388  RESULTS UNDER 1 HOUR

(800) 644 9389  FOR WOMEN 

www.aradia.org CONFIDENTIAL

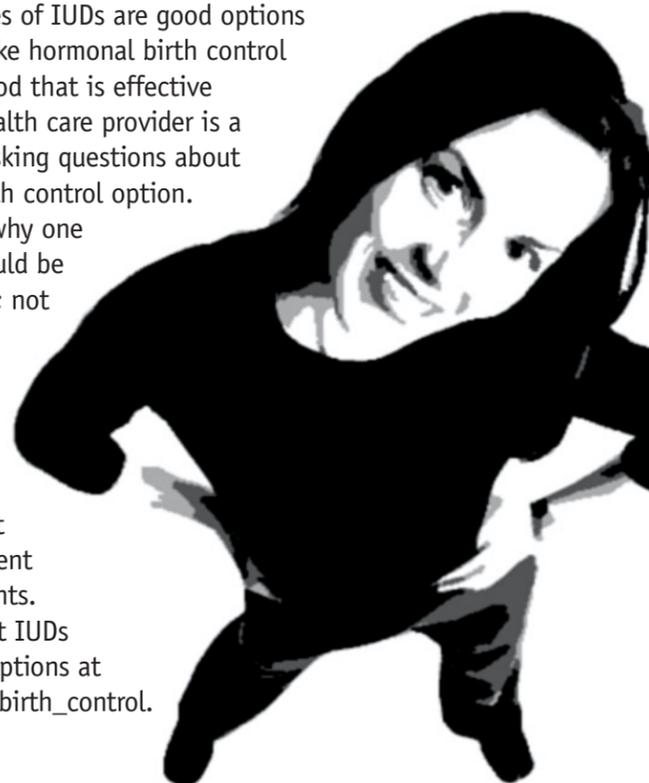
Taking Care of Yourself

There are still some things you need to watch out for with an IUD. An IUD has small strings that stay up near your cervix. These feel a little like fishing wire, though the strings will soften over time. They do not hang out of your vagina like a Tampon string, and it is rare for a partner to feel them during sex. It is important to feel comfortable checking for the strings every month to make sure the IUD has not slipped out. If it does, you must use a back up method until you have a new one inserted.

Also, because an IUD increases your risk of more serious infections if you are exposed to Gonorrhea or Chlamydia, it is important that you and your partner get tested and stay monogamous. If you get an infection with an IUD, it could be much more serious, and infect not only your vagina but move up to other areas of your body as well. If you change partners or feel any pain or discomfort while you have an IUD, you should contact your doctor immediately.

IUDs are highly effective in preventing pregnancy and have great safety records. Both types of IUDs are good options for women who do not like hormonal birth control or who just want a method that is effective and easy to use. Your health care provider is a wonderful resource for asking questions about the IUD or any other birth control option. There are many reasons why one birth control method would be a better fit than another; not every option is a match for every woman.

Call us at 206-323-9388 to set up a birth control consult and to talk about the many different payment options we offer our clients. You can learn more about IUDs and other birth control options at www.aradia.org/services/birth_control.



Asked & Answered: Herpes

Julia Mitzel, Aradia's nurse practitioner, has found that many women who have herpes are not given the best information on how to treat it, and how to prevent it from spreading. Below Julia answers some of the most commonly asked questions about herpes:

Q: How can I tell if I have herpes? Wouldn't I know if I was sick?

A: Unfortunately, not everyone who has genital herpes can tell that they have it. Many people either have no symptoms, or are not aware that what they are experiencing is herpes. A typical herpes outbreak includes: painful, moist sores in or around your genitals; swollen lymph nodes in the groin; pain during urination; itchiness; and feeling tired or worn down. However, some people just experience redness and itching, or nothing at all.

Q: I know I have herpes, but I can only spread it when I have an outbreak, right?

A: No. Although you can spread herpes when you do have an outbreak, you can also spread it when you do not have any symptoms or sores. Most people avoid sex (including vaginal, oral and anal sex) when they have an outbreak, so it is believed many cases of herpes are probably spread when a person has no symptoms.

Q: So, if my partner has herpes, I will automatically get it if we have sex?

A: Not necessarily. In a couple where one person has herpes and the other does not, the chance of spreading herpes is less than 10%. Of course, some people are unlucky and end up with herpes after only one sexual encounter. However, many couples have sex for years without the other partner ever getting herpes. Some people also choose to take a daily medication that can reduce the chance of spreading herpes to their partners to 1% or less.

Q: Can you take pills to cure herpes?

A: Unfortunately not. Herpes is a virus, and there is no cure. But there are medications that can control outbreaks and prevent the virus from spreading. Aradia can prescribe these medications for clients who are interested.

Q: How is herpes testing done?

A: Herpes testing is done two main ways:

1. A culture. This involves taking a sample of fluid from the sore and testing that fluid for the herpes virus. This test works best if the sore is fairly new (preferably less than three days old). So if you discover a painful sore that you believe may be herpes, come in as soon as possible.
2. A blood test. The herpes blood test looks for antibodies to herpes in the person's blood. However, it takes anywhere from a few weeks to a few months after first contracting herpes for a person's body to produce antibodies.

Q: So how is oral herpes different?

A: Oral herpes (or cold sores on the mouth) is almost always a different strain of virus from genital herpes. Most people with oral herpes got it when they were a child, not from kissing or oral sex. Usually if one family member has oral herpes, someone else in the family does, too. A herpes test could tell you which one you have if you don't already know.

Q: How common are herpes infections?

A: Approximately 1 in 4 women and 1 in 5 men have genital herpes. Seventy five percent of the public has oral herpes (cold sores).

Aradia does more than just STI testing! We are available to talk with you in depth about your personal questions and concerns. If you have further questions about herpes, or want to get tested, call us at 206-323-9388.

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Free Birth Control!



There is a state-funded program in Washington state called Take Charge, which covers family planning services and related gynecological care including Pap smears, birth control supplies and some STI testing. There are four requirements for the Take Charge program:

1. Your income must be under \$1,500/month (if you have a household size of one) or must not exceed 200 percent of the poverty level for your household size.
2. You must be interested in birth control.
3. You cannot have other health insurance that covers any kind of family planning services.
4. You must be a legal resident of Washington state and of the United States.

If you qualify, we can sign you up for the Take Charge program in our clinic at the time of your appointment.

The program would then pay for that visit and all covered services for a year. Please contact us for an application or to learn if you qualify for this or other state health care assistance. 206-323-9388 or 1-800-644-9389

Did You Know?

Did you know that one out of every three women in this country will have had an abortion by the time she is 45 years old? Why, then, is there so much secrecy, shame and self-doubt surrounding women's abortion experiences – an experience that 1/3 of all women will go through and at least 1/3 more will know someone who has? What if women: black, white, Latina, Asian, Native American, young, old, rich, poor, talked about their abortion experiences? What if we weren't afraid of our reactions after our abortions? What would our reactions sound like? "I'm relieved. I'm depressed. I'm elated. I'm numb. I'm angry. I'm mournful. I miss my baby. I'm glad it's over. I feel nothing. I feel worried. Thank God." There is no one way to feel after an abortion, just as there is no one way to feel after a miscarriage, or the birth of a child, or the death of a child. This is what women's reproductive lives look like. If we cannot talk about our lives, our choices and our bodies without fear, then we cannot say that we truly own our lives.

Think about it. Talk about it. Listen.

