



(Not So)  
**Sexy**  
**Surprise**

Heat-of-the-moment passion and unplanned pregnancies often go hand in hand—even if you think you're taking precautions. Heed this advice so you can relax and have more fun in bed. by STACEY COLINO →

photography by SARAH KEHOE

HAIR: LUIS GUILLERMO/ARTISTSBYTIMOTHYPRIANO.COM, MAKEUP: DOMINIQUE SAMUEL/ARTISTSBYTIMOTHYPRIANO.COM, LE MYSTÈRE BRA AND PANTIES

**M**aybe you've been on the Pill since you were 16. Or perhaps you're someone who always keeps a condom in your purse—just in case. Whatever your contraceptive of choice, you're confident that using it means you won't be sporting a baby bump in the near future. And, to a certain extent, you should be able to breathe easy: Modern birth control is extremely effective. But nothing works 100 percent of the time, and slipups occur more often than you might think. According to the Guttmacher Institute, a whopping 49 percent of all pregnancies in the United States are unintentional—and not everyone who finds herself unexpectedly knocked up was snoozing through sex-ed class. In fact, half of all women who accidentally get pregnant were using some type of birth control.

So what's going wrong? A lot of it comes down to user error, such as neglecting to take an oral contraceptive every day. "Life is busy and complicated for most people, and sometimes having to think about one more thing is too much," says Katharine O'Connell White, M.D., division chief of general obstetrics and gynecology at Baystate Medical Center in Springfield, MA.

Of course, taking care of an unanticipated addition to your family is no easy feat either. Here's what went wrong for five readers, plus strategies for getting it right.

## PILL PROBLEMS

Jennifer Mathewson was a police officer in the Air Force when she developed a urinary tract infection. Her doctor put her on an antibiotic but never mentioned it could interfere with the oral contraceptive she was taking. One day, as she was standing at attention and listening to the sergeant give the day's orders, she fainted. Although light-headedness is a common pregnancy symptom, she had no idea she was expecting until she got to the hospital and underwent blood tests. "I was single and only 19, so I was pretty scared," says Mathewson, who is now 32 and works as a journalist in Idaho. "But I wanted to have the baby, and I'm grateful I did."

### ►WHAT ARE THE ODDS?

When used perfectly, the combined pill (which has estrogen and progesterone) and the progestin-only minipill are

## Popping the Pill at the same time every day is critical if you're taking the mini version.

99.7 percent effective. But that number drops to 91 percent with so-called "typical use"—meaning the way that most women take them. "In some cases, the failure rate can be as high as 20 percent because they forget to take it regularly or they run out of pills and don't get a refill right away," notes Andrew M. Kaunitz, M.D., associate chairman of obstetrics and gynecology at the University of Florida College of Medicine-Jacksonville.

### ►PROTECT YOURSELF

**TIME IT RIGHT** Popping the Pill at the same time every day is smart, and it's critical if you're taking the progestin-only mini version (the hormones in it are only

active for 24 hours). If you're prone to forgetfulness, program your phone to beep you, try an app like the *Drugs.com Pill Reminder* (\$1; itunes.com), or get in the habit of taking it with breakfast. Still struggling to stay on schedule? Consider switching to an equally effective patch or ring, which you only have to replace weekly or monthly.

**MIND YOUR MEDS** Whenever you fill a prescription for a new drug, read the insert or ask your doc or pharmacist if it could compromise the Pill's effectiveness. Because oral contraceptives are metabolized through the liver, other medications that are processed this same way—including some antibiotics, antifungals, and anti-seizure drugs—may interfere with them, explains Sarah Prager, M.D., an associate professor of obstetrics and gynecology at the University of Washington School of Medicine. When in doubt, use condoms. Extra protection is also in order if you have a stomach bug and vomit within two or three hours of taking your pill (believe it or not, that's considered a missed dose).

## CONDOM COMPLICATIONS

Last summer, Lia Lam was having sex with a new boyfriend when she had a feeling the condom they were using had broken. "But I thought I was just being paranoid and didn't say anything," says Lam, 31, an actress in Vancouver, Canada. After they finished, he pulled out and her hunch was confirmed: The bottom half of the condom was still inside her. In hindsight, Lam thinks the incident occurred because she was a little too dry during the act. "We didn't panic, but we had only been dating a month and a half and were hardly ready to be parents,"

## THE TRUTH ABOUT WITHDRAWAL

Is the pull-out method a reasonable birth control option? Many people seem to think so: More than 5 percent of women in the U.S. rely on coitus interruptus, making it more popular than several other contraceptive options. **But, with a failure rate of up to 22 percent, it's hardly your best bet.** "I would never recommend it," says the University of Washington's Sarah Prager, who notes that even if a guy has the self-control to pull out before he ejaculates, there may be sperm in the fluid that's secreted before he comes. The effectiveness rate increases a bit if withdrawal is used in combination with natural family planning (avoiding sex around ovulation, when a woman is most fertile). But it's still risky business—even if you have a regular menstrual cycle that allows you to chart when ovulation is likely to occur.

she says. So they headed to the drugstore to buy emergency contraception (the “morning-after” pill), which prevents pregnancy by postponing ovulation or stopping a fertilized egg from implanting in the uterus.

➤ **WHAT ARE THE ODDS?**

When used exactly as intended, male latex condoms (the most common kind) are 98 percent effective; with typical use, that number drops to 82 percent. (Other types, such as those made from lambskin and polyurethane, may be somewhat less effective, but they’re good options if you or your guy is allergic to latex.) The biggest reasons condoms fail: People use them inconsistently or put them on too late, or they break during sex.

➤ **PROTECT YOURSELF**

**WATCH HIS TECHNIQUE** Your guy should put on a condom before his genitals get anywhere near your vaginal region. He should pinch the condom, roll it down slowly so all the air is out and there’s space to collect semen, and remove it right after ejaculation (while he’s still hard). Holding it at the base of the penis as it’s withdrawn will help prevent spillage.

**LUBE UP** As Lam learned, excess friction can cause a condom to tear. Opt for a water- or silicone-based lubricant. A definite no-no: using oil- or petroleum-based products, which can compromise the integrity of latex.

**CHECK EXPIRATION DATES** Condoms do have a shelf life, which shouldn’t be ignored. And if a rubber seems dry or stiff when it’s taken out of the package, toss it.

**HAVE A BACKUP PLAN** If a condom fails, follow Lam’s lead and purchase emergency contraception. There are three brands: ella, Next Choice One Dose, and Plan B. Anyone 15 or older can buy these without a prescription, though you’ll have to ask the pharmacist because they’re kept behind the counter. You have up to five days to take ella; the others must be used within 72 hours.

**TUBAL LIGATION TROUBLE**

After Crystal Consylman gave birth to her third child at age 21, she decided to have a tubal ligation (aka getting her tubes tied), a surgical procedure in which the fallopian tubes are cut or blocked to permanently prevent pregnancy. Seven



3.2  
MILLION

NUMBER OF  
UNINTENDED  
PREGNANCIES  
IN THE U.S.  
EVERY YEAR

SOURCE: GUTTMACHER INSTITUTE

years later, in 2006, she was shocked to learn she was pregnant. It was an ectopic pregnancy, meaning the embryo had implanted outside the uterus and was not viable. “I had massive internal bleeding and almost died,” recalls Consylman, now 35, who works at a law firm in Lancaster, PA. When she was rushed in for emergency surgery, she assumed the surgeon fixed the botched tubal ligation—but that wasn’t so. After having a second ectopic pregnancy 18 months later, her fallopian tubes were removed entirely.

➤ **WHAT ARE THE ODDS?**

Female sterilization is 99.5 percent effective, but the ends of the tubes do occasionally find their way back together.

In the rare instance you get pregnant afterward, there’s a 33 percent chance of it being ectopic because a fertilized egg can become caught in the damaged area.

➤ **PROTECT YOURSELF**

**CHOOSE YOUR SURGEON CAREFULLY**

Look for a board-certified gynecologist who’s performed the procedure at least several dozen times.

**FOLLOW POST-OP PROCEDURES**

Having your tubes tied should render you instantly sterile, but your physician may want you to come in for a follow-up a few weeks later to see if you’re healing properly. And if you choose a tubal ligation alternative—such as Essure, a newer option in which tiny coils are placed in the

SARAH KEHOE, ON HER: HERVE LÉGER BY MAX AZRIA, DRESS; MELINDA MARIA CUFF; TANIA SPINELLI HEELS. ON HIM: CALVIN KLEIN PANTS; KENNETH COLE BELT



**DAMAGE CONTROL**  
**75 PERCENT OF MEN AND 82 PERCENT OF WOMEN DON'T CHECK FOR CONDOM DEFECTS.**

SOURCE: Sexual Health

fallopian tubes to block them—you'll need a special X-ray three months later to confirm the tubes are fully closed. Meanwhile, you'll want to use backup contraception.

**STERILIZATION SNAFUS**

After having two children, Lisa Cooper and her husband decided their family was complete, so he had a vasectomy. But five years later, the Shreveport, LA-based businesswoman began gaining weight for no apparent reason and spotting without a full-blown period. Because she was 37, she chalked it up to perimenopause. "By the time I took a pregnancy test and went to the doctor, I was 19 weeks along," says Cooper, now 44. It turns out her husband had skipped the follow-up testing, which is the only way to confirm that the surgery was successful. After welcoming their third and fourth children, Cooper's husband went for a second vasectomy—and this time he saw his doctor afterward as recommended.

➤ **WHAT ARE THE ODDS?**

A vasectomy is 99.9 percent effective, making it the most reliable birth control method available. But even here, human error can occur. During the procedure, the

vas deferens, the tube that carries sperm to the ejaculatory duct, is clipped or banded, explains Philip Darney, M.D., a professor of obstetrics, gynecology, and reproductive sciences at the University of California, San Francisco. But if the snip is made in the wrong place, it won't work. Another potential glitch: "The severed ends can grow back together if they aren't spread far enough apart."

➤ **PROTECT YOURSELF**

**SELECT A SOLID SURGEON** As with a tubal ligation, pick a provider who is board-certified and has plenty of these procedures under her belt. Your primary care physician can probably offer up several recommendations. And it's always prudent to check up on the doctor's rep; your state's licensing board can provide info about any malpractice suits.

**WAIT FOR THE ALL-CLEAR SIGN** Cooper's story illustrates the importance of your partner getting a semen analysis about three months after the procedure; it's essential to ensure he's sterile. Until then, use another contraceptive method.

**IUD ISSUES**

In 2005, Kristen Brown decided to get an IUD (intrauterine device) because she'd heard it was virtually foolproof. She and her husband already had three kids and weren't ready for more. Two years later, Brown began experiencing severe pelvic pain and heavy bleeding. Concerned she might have fibroids or endometriosis, she went to see her ob-gyn, who informed her that she was pregnant. Because of the bleeding, she was put on bed rest, but a month later she miscarried. "The experience was very emotionally and physically painful, and I lost a lot more blood—so much that I almost needed a transfusion," recalls Brown, now 42 and a writer in Jacksonville, FL. The doctors never

figured out exactly what went wrong with the IUD, but it probably moved from its original position. Says Brown, "The ordeal shattered my illusion of the safety and effectiveness of birth control."

➤ **WHAT ARE THE ODDS?**

The IUD, a tiny "T"-shaped device inserted into the uterus to prevent sperm from fertilizing an egg, is more than 99 percent effective with both perfect and typical use. Though extremely rare, the most common reason IUDs fail is because they shift into the cervix. An IUD can also be expelled from the uterus, perhaps without you realizing it. (For example, you could flush it down the toilet.) Having polyps, fibroids, or strong uterine contractions (which cause bad menstrual cramps) can increase the risk of it slipping out.

➤ **PROTECT YOURSELF**

**DO A STATUS CHECK** Manufacturers suggest that once a month you make sure the 1- to 2-inch plastic string attached to the device is hanging down through the cervix into the vagina as it should be. If it's missing or it seems longer than usual, see your doctor (and use backup birth control in the meantime). But never pull on the thread. "Women have accidentally removed their IUDs this way," warns Prager.

**START STRONG** If you opt for the ParaGard (copper IUD), it should work as soon as you get it. Skyla and Mirena, which contain a small amount of progestin, are also instantly effective if they're inserted within seven days after the start of your period; otherwise, use a backup method for one week. Skyla is good for up to three years, Mirena lasts up to five, and ParaGard can stay in for up to 10. "We call IUDs forgettable contraception," says Kaunitz, "because you don't need to remember anything to stay protected."

**HOW OTHER OPTIONS STACK UP**

➤ **IMPLANTS** (Implanon and Nexplanon): a progestin rod inserted in the arm that works for up to three years; more than 99 percent effective

➤ **DIAPHRAGM**: a silicone cup you put into the vagina before sex; can be reused for up to two years; 88 percent effective with typical use

➤ **DEPO-PROVERA**: a progestin shot you get once every three months; 94 percent effective with typical use

➤ **NUVARING**: an estrogen/progestin vaginal ring that's changed monthly; 91 percent effective with typical use

➤ **ORTHO EVRA**: an estrogen/progestin skin patch that's swapped weekly; 91 percent effective with typical use