

Are you ready?

Sex and your future

Are you...



Having sex
but not
ready for
kids?



Ready to
think about
if children
fit into your
future?

Already a
parent and
want to
think about
if more
children fit
into your
plan?



Not sure
you're ready
to plan but
willing to
talk about it?



What's your plan?

This booklet will help you consider:

- Whether or not you want to have children
- How many children you want to have and when you want to have them
- Preventing a pregnancy until you are ready
- Your goals to improve your personal health

What do you want?

Do you want to have a child (or more children) someday?

Yes

No

Not Sure

If you want a child (or more children)

How old do you want to be? _____

How many children do you want to have? _____

How far apart? _____

What kind of support will you need to be able to care for your child(ren)? _____

Where do you see yourself in the next 5 years?

Would you like to be in a committed relationship? _____

How much education do you want to complete? _____

What kind of job would you like to do? _____

Do you plan to be a stay-at-home parent? _____

Where would you like to live? _____

Not ready for a baby?

I'm not in a serious relationship.

- Remember that half of all pregnancies in North Carolina are unplanned.
- If you are not planning a pregnancy, see a health care provider to discuss different methods of birth control even though you think you might not use them yet.
- Keep condoms with you at all times so you can use them to help protect yourself from an unplanned pregnancy, STDs and HIV.

What if my partner doesn't want to use birth control?

- Remember that not using birth control or condoms puts you at risk for an unplanned pregnancy, STDs and HIV.
- Ask your partner what he/she would do if a pregnancy happened.
- Talk to a family planning provider/clinic about birth control methods you can use that your partner does not need to know about.

Past pregnancies

Have you had problems with any past pregnancies?

Yes

No

Not Sure

Has this happened with a past pregnancy?

- Miscarriage/
pregnancy ended
- Diabetes or high blood
pressure during
pregnancy
- Baby born early
- Baby born weighing
less than 5 ½ pounds
- Baby born with birth
defects
- Stillbirth
- Baby who died before his or her first birthday



What can you do?

If you have had problems with other pregnancies:

- Talk with your health care provider about what you can do to increase your chances of having a healthy pregnancy.
- Use a birth control method between pregnancies.
- The 17P is a shot that can help a woman who has had one preterm birth decrease her chances of having another preterm birth. Talk with your health care provider about using the 17P shot with your next pregnancy.
- Take a multivitamin with 400 mcg of folic acid to help improve your health and prevent birth defects.

How healthy are you?

Do you or your partner have any personal habits that could harm you or future children?

- Yes No Not Sure

Do you or your partner?

You Partner

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Take over the counter or prescription medication |
| <input type="checkbox"/> | <input type="checkbox"/> | Go without eating, overeat sometimes or don't eat enough healthy foods |
| <input type="checkbox"/> | <input type="checkbox"/> | Drink alcohol |
| <input type="checkbox"/> | <input type="checkbox"/> | Smoke |
| <input type="checkbox"/> | <input type="checkbox"/> | Use illegal drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Have unprotected sex with multiple partners |
| <input type="checkbox"/> | <input type="checkbox"/> | Experience any kind of domestic abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |



Do you or your partner have any diseases or conditions that affect your health and possibly your child's health?

- Yes No Not Sure

Do you or your partner have?

You Partner

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Sickle Cell trait or disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> | Infections including STDs and HIV |
| <input type="checkbox"/> | <input type="checkbox"/> | Thyroid problems |
| <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression, anxiety or other mental health issues |
| <input type="checkbox"/> | <input type="checkbox"/> | Other health concerns: _____ |

What can you do?

How can I be healthy? How can I have a healthy baby?

- Talk with your partner about your plan - if, when and how often to have children. Decide on a birth control method to help with the plan.
- Consider using condoms now to prevent unplanned pregnancies, STDs and HIV.
- Make an appointment with a health care provider to discuss your health.
- Ask your partner if he/she knows about their family history of any health conditions that could affect your child's health.
- Take a multivitamin with 400 mcg of folic acid each day to prevent birth defects.
- Set aside time to walk. Drink more water, eat more meals at home, and add a fruit or vegetable to every meal.
- Take positive steps to stop smoking and to quit alcohol or drug abuse.



Next Steps

What goals can you set for yourself now?

- I will talk with my partner about our plan—if, when and how often to have children, and using a birth control method to help us with our plan.
- I will use condoms NOW to prevent unplanned pregnancies, STDs and HIV.
- I will make an appointment to see a health care provider for a check-up to discuss my health habits, medical conditions, health history, and a method of birth control.
- I will find out how to take positive steps to stop smoking, have better eating habits, increase my physical activity, and to quit alcohol or drug abuse.
- I will take a multivitamin with 400 mcg of folic acid every day!

Is there someone you can talk to about your plans and goals?

My Plan:

To do:

Finish by (date):

More information on...

Programs and services, including birth control, insurance coverage and clinic locations:

The N.C. Family Health Resource Line - 1-800-367-2229
or 1-800-FOR-BABY

Birth control and clinic services:

Health Departments by County - www.ncalhd.org/county.htm
Planned Parenthood - 1-866-942-7762 or
www.plannedparenthood.org/centralnc/

Health care services that are free or available at reduced costs:

N.C. Healthy Care Help - www.nchealthcarehelp.org
N.C. Community Health Clinic Association - 919-469-5701
or www.ncchca.org
N.C. Free Clinics - 336-251-1111 or www.ncfreeclinics.org

Women's health and social support services by county:

www.nchealthystart.org/RICHES/01RICHES_map.htm



Tools and local programs that support healthy living:

NC Prevention Partners
1-888-919-6277 or
www.ncpreventionpartners.org

Eat Smart, Move More
www.myeatsmartmovemore.com

Help quitting tobacco use:

N.C. Quitline - 1-800-QUIT-NOW or
www.smokefree.gov

Emergency contraception:

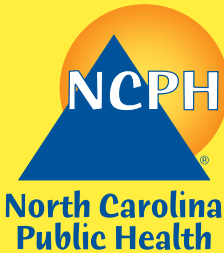
www.NotTooLate.com

HIV testing: 1-888-448-4732

Domestic abuse:

N.C. Coalition Against Domestic Violence - 1-888-232-9124

Notes:



State of North Carolina
Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Women's Health Branch

www.ncdhhs.gov

919-707-5700