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? Do 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 puts you at risk for an unplanned pregnancy.

• 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.

• Abstinence or regular condom use are the only ways to protect against STDs and HIV.
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?

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<th>Partner</th>
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Do you or your partner have any diseases or conditions that affect your health and possibly the health of your future children?
- [ ] Yes
- [ ] No
- [ ] Not Sure

Do you or your partner have?

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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
☐ Frequent sadness during or after pregnancy
☐ Baby born early
☐ Baby born weigh less than 5 ½ pounds
☐ Baby born with birth defects
☐ Stillbirths
☐ Baby who died before his or her first birthday
☐ Other___________________________________

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.

• Talk with your health care provider about using 17P with your next pregnancy. 17P is a series of shots that can help a woman who has had one preterm birth decrease her chances of having another preterm birth.
Next steps for my plan

What can I do now?

☐ I will talk with my partner and make a plan—if, when and how often to have children, and decide on a birth control method to help with my plan.

☐ I will use condoms NOW to prevent unplanned pregnancies, STDs and HIV.

☐ I will ask my partner if he/she knows about their family history of any health conditions that could affect our child’s health.

☐ 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.

How can I improve my health?

☐ I will find out how to take positive steps to stop smoking, or to quit alcohol or drug use.

☐ I will set aside time to increase my physical activity, eat more meals at home, and add more fruits and vegetables to every meal.

☐ I will take a multivitamin with 400 mcg of folic acid to help improve my health and prevent birth defects.

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. DHHS CARE-LINE - 1-800-662-7030 or www.nccarelink.gov/

**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

**Mental health Resources:** Mental Health Association in North Carolina Information/Referral Line: 800-897-7494 or www.mha-nc.org