

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?

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"/> | Use tobacco |
| <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 verbal or physical abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |



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?

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: _____ |

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

Notes:



UNC
THE CECIL G. SHEP'S CENTER
FOR HEALTH SERVICES RESEARCH



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

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