

Our family is complete. So... Why Not Him?

Birth control has mostly been her job. When you're done having kids, you both have options. Here's a starting point for talking it through and think through what is best together.

It's really two separate questions

FOR BOTH OF YOU

How do we prevent pregnancy for good?

A permanent option, his or hers, can end pregnancy prevention for good.

FOR HER

What does my body need?

Periods, cramps, acne, PCOS, perimenopause: some methods do more than prevent pregnancy.

~~"How do I give my body what it needs and not get pregnant?"~~

"What does my body need?"

If he takes care of pregnancy prevention, she can still keep her IUD or pill. She just gets to choose it for what it does for her body, not because she's the one on birth control duty.

How the options compare

Every method has a place. The difference is who carries it, and for how long.

	His vasectomy	Her tubal sterilization	Hormonal IUD	Copper IUD	The pill
Who carries it	Him, once	Her, once	Her, for years	Her, for years	Her, every day
Hormones	None	None	Yes (progestin)	None	Yes (estrogen and/ or progestin)
What it takes	One quick visit, then one test at about 3 months	Surgery, usually under general anesthesia	Insertion in the office; replace every 3–8 years	Insertion in the office; replace every 10+ years	A pill every day, refills and regular visits
Pregnancies per 100 couples a year	Fewer than 1 in 100	Fewer than 1 in 100	Fewer than 1 in 100	Fewer than 1 in 100	About 7 in 100
What you might notice	A few days of soreness	Surgical recovery, a few days to 2 weeks	Spotting at first	Heavier periods and cramps; insertion can hurt	Spotting, nausea or mood changes for some
Can it help her body?	Frees her to choose a method just for her body	No	Often lighter, less painful periods	No; hormone-free	Can help with cycles, acne and PCOS
Permanent?	Yes	Yes	No	No	No

Effectiveness based on CDC data on typical use. This guide is for education and isn't medical advice; talk with your clinicians about what's right for you.

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A movement for shared responsibility in family planning. Because Vasectomy deserves a place in the conversation.

An initiative from His Choice Health

What his part actually looks like

14 days

14 days or less to schedule an appointment.

15 min

in-office procedure with local numbing

48 hrs

until most men are back to normal

3 mo

semen test confirms it worked; use backup until then

Myths vs. facts

"It's going to hurt a lot."

Most men say it hurts less than they expected.

"It'll change things in bed."

It doesn't change testosterone, erections, or how sex feels.

"It's major surgery."

It's a quick office visit. Most men go home the same day and rest for a weekend.

"It works right away."

Not quite. Keep using birth control until a semen test confirms it worked.

Questions to talk through together

- ☐ Are we both sure our family is complete?
- ☐ What has birth control been like for me, and what would I keep using for my own health?
- ☐ What worries you most about a vasectomy?
- ☐ What would recovery look like for our schedule and our kids?
- ☐ What would each option cost us?
- ☐ Who should we talk to next: my OB-GYN, your doctor, or both?

Choosing a vasectomy provider. As not all are created equal.

- ☐ No-scalpel technique, ideally with a needle-free numbing option
- ☐ An experienced provider who does thousands of vasectomies. This should be one of their core offerings.
- ☐ One clear price and an appointment available within weeks.
- ☐ Direct access to the doctor during and after procedure for support and education.
- ☐ Follow-up semen test included.

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