GUIDE TO MCCOSH

A Guide to Sexual and Reproductive Health at University Health Services, Princeton University

February 15, 2018
ABOUT THE GUIDE

University Health Services at Princeton University provide a wide array of excellent reproductive and sexual health services. But Princeton Students for Reproductive Justice (PSRJ) has found that students don’t know about them.

This guide is here to change that.

This guide provides a comprehensive survey of the services on offer at UHS, as well as their costs. Moreover, as a comprehensive guide, it provides comprehensive information about those services; that is, not only what contraception UHS provides, but the side effects, how it works, and all the information you need to know to make informed decisions about your own sexual and reproductive health.

Our hope for this guide is that every Princeton student will keep it on hand. If ever you have a question, or concern, or just want to learn a little more, you can turn to this guide for answers. UHS is here to serve you—let’s make sure you’re making the most of it.

– Princeton Students for Reproductive Justice
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CONTRACEPTION

► LARCs (Long-Acting Reversible Contraception)

General Notes about All LARCs

All LARCs are >99% effective at preventing pregnancy. When speaking of effectiveness of contraception, there are really two different measures: the effectiveness of “perfect use” and that of “typical use.” Throughout this guide, we will refer to that of “typical use” as a more useful measure. For IUDs, however, as well as for Nexplanon, “perfect” is the same as “typical” use, because it doesn’t rely on the person. LARCs do not protect against any STIs.

What UHS Offers

IUDs (Intra-Uterine Devices)

What is it?
IUDs are small, t-shaped pieces of plastic which are inserted in your uterus through the cervix. They interfere with the movement of sperm and physically prevent them from reaching and fertilizing an egg. Hormonal types also prevent ovulation.

What do I need to do when I have it?
Nothing much! After the initial placement, McCosh will schedule you to come back 4-6 weeks later to check that the strings are where they should be. After that, there is no real maintenance. It is a good idea to check that you can feel the string every so often, if you are comfortable doing so.

What else do I need to know?
IUDs are often fairly painful to insert (just for a moment), by nature of where they are being placed. Also, when using an IUD, it is strongly recommended that people do NOT use a Diva cup or other menstrual cup—it is possible to accidentally pull out one’s IUD when removing the cup.

Paragard®

What is it?
Paragard is a copper IUD—it is non-hormonal.

How long does it last?
Paragard can safely last up to 12 years.

What are the side-effects?
Paragard often makes one’s period heavier and longer, as well as with more cramps.

What are the differences/pros and cons as compared to other LARCs?
Paragard has the advantage of being the only non-hormonal LARC. For women who do not respond well to hormonal forms of birth control, Paragard can be a great alternative. So, if you’ve had negative side effects with another, hormonal method, such as oral contraceptives, Paragard could be the way to go! As with all IUDs, the insertion process can be fairly painful, and so Nexplanon (discussed below) has the advantage in that regard. Paragard is also slightly more likely to be expelled (fall out of place) than other (hormonal) IUDs, with a 7-8% expulsion rate. Also, because Paragard often causes heavier and longer periods, it is often not recommended for people who already have very difficult periods.
Mirena ✧

**What is it?**
Mirena is a hormonal IUD. It is progestin-only (see general notes on LARCs above).

**How long does it last?**
Mirena can safely be left in for 5-6 years. It is FDA packaged at 5 years, but more recent research has shown it to be safe up to 6. So McCosh, like most other practices/practitioners, maintains that it can be left in up to 6 years.

**What are the side-effects?**
Because Mirena is hormonal, it will affect the timing of periods. For a while after first having it inserted, there is likely to be irregular, unpredictable bleeding. Over time, however, the bleeding will become more and more light, and then usually, after some time, there is no bleeding at all.

**What are the differences/pros and cons as compared to other LARCs?**
Mirena is hormonal, as opposed to the non-hormonal Paragard. Because it is hormonal, it does usually lead to no bleeding—an effect that will not happen with the non-hormonal Paragard.

Kyleena ✧

**What is it?**
Kyleena is a hormonal IUD.

**How long does it last?**
Kyleena lasts for up to 5 years.

**What are the side-effects?**
As with Mirena, Kyleena will affect the timing of periods. There will similarly be an initial period of irregular, unpredictable bleeding, followed by a lessening of bleeding.

**What are the differences/pros and cons as compared to other LARCs?**
Kyleena and Mirena are very similar. The reason there are even two different ones has to do with a complicated, advertising-related reason which really doesn’t matter. Kyleena is a smaller dosage of hormones as compared to Mirena. Because of this smaller amount of hormones, you are also less likely to reach a point of no bleeding at all with Kyleena—an effect that is very common for Mirena.

Nexplanon ✧

**What is it?**
Nexplanon is an implant that is inserted in the upper arm.

**How long does it last?**
It is marketed to last for 3 years. Newer research suggests, however, that it can safely be left in for up to 4 years.

**What are the side effects?**
Usual: Irregular bleeding
So, What Do I Do?

For having a LARC placed, you cannot schedule the appointment online, because you need the right provider, the right length of time, etc. Call the front desk and tell them what you want! It’s also a good idea to come in for another appointment ahead of time (before you get it placed), just so the nurse/doctor can discuss your options with you to determine which LARC is best for you. They will also give you certain things to do to prepare for the appointment to make it go as smoothly as possible. This consultation isn’t required, but it is recommended. Additionally, you must have a gonorrhea and chlamydia test within 30 days before having a LARC placed.

▶ Oral Contraceptives

What UHS Offers:

Pills you can buy on-site

UHS offers two different kinds of birth control that you can buy directly from McCosh!

Aubra

Aubra is a low dose combination pill, with 20mg of estrogen. You should consult with your healthcare provider about which pill may be best for you. Overall, students have done very well on this pill. Aubra comes in monthly packs—3 weeks of “active” pills that actually contain hormones, and one week of placebos during which you will get your “period”.

Reclipsen

Reclipsen is also a combination pill of a slightly higher dosage—30mg of estrogen. Often, if you are just starting birth control, doctors will first prescribe lower doses, then adjust to higher doses if there are negative side effects with the lower. With Reclipsen (and other higher-dose pills), you are less likely to have breakthrough bleeding or spotting.

Prescriptions

Besides the pills that can be bought out of pocket from McCosh, McCosh can prescribe any other oral contraceptive.

What Is It?

Oral contraceptives are pills which release hormones that prevent ovulation. They should be taken daily. It is also important to take them at the same time every day—although research is still unclear on how important timing is. However, the lower the dose of the pill, or if it is progestin-only, the more important it is to take it at the same time each day. There are several different types of oral contraceptives. Oral contraceptives can be divided on two different dimensions: hormone type, and time frame.
**Hormonal Type**

Pills can be either **combination** (with both progestin and estrogen) or **progestin-only**. Many pills are combination. However, some people do not react well to estrogen—in this case, progestin-only pills can be a great option.

**Time Frame**

First, progestin-only pills are taken daily and you don’t get your period for a set week. The types mentioned in the rest of this section refer to types of combination pills. Many oral contraceptives are meant to mimic a monthly cycle. There are three weeks of active pills, and one week of placebo pills (or no pills at all). Because oral contraceptives prevent ovulation, the “period” you get while on the pill is not really a period at all, because there is no real build-up of the lining of the uterus happening. Oral contraceptives were originally developed this way out of the thought that women would prefer something that seemed more “natural” and thus mimicked the cycle. However, many people may choose not to get their period, and can instead take the active pills continuously, without skipping a week—simply starting the next pack of pills. There are NO proven problems or negative side effects with taking pills continuously.

Other pills come in packs such that you’re intended to get your “period” only once every 3 or 4 months—some pills are intended to go a full year without getting a period. The two pills available out-of-pocket from UHS are monthly cycle-mimicking pills.

**What Are the Side-Effects?**

**Usual**

Combination pills all have the same side effects and risk profiles—different levels of estrogen and different types of progestin which may vary between pills are meant to manage side effects and things can always be adjusted. Oral contraceptives have both positive and negative side effects.

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
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<tr>
<td>Oral contraceptives may give you lighter periods. They also give you control over when you get your period. Some pills also clear up acne. They may also reduce menstrual cramps. Some oral contraceptives offer protection against endometrial and ovarian cancer, iron deficiency anemia, ovarian cysts, and pelvic inflammatory disease.</td>
<td>Spotting or breakthrough bleeding between periods, sore breasts, nausea and vomiting. Those symptoms will most likely go away within several months. A change in sex drive may last longer.</td>
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Unusual, but Possible
Combination pills can slightly increase your risk of health problems including heart attack, stroke, blood clots, and liver tumors. Progestin-only pills for the most part do not have these risks.

What Are the Differences or Pros and Cons Compared to Other Contraceptive Methods?
Pills have the drawback that they need to be taken everyday, and this can be hard to remember for some. They have the advantage over barrier methods on not relying on use in the heat of the moment. That being said, it is still important to remember to use barrier methods to protect against STIs! They also allow you to control the timing of your periods in a way that other methods do not.

How effective are they?
With typical use, oral contraceptives are about 91% effective.

So, What Do I Do?
Make an appointment with Sexual Health and Wellness! They can talk you through your options. If you’re interested in one of the pills that can be bought discreetly out of pocket, also make a Sexual Health and Wellness Appointment and see one of the sexual health nurses. They’ll give you a prescription (which you fill directly from a McCosh) for a year of the monthly pack. Then in myUHS, there will be a link that says “need a refill.” You merely fill out that form when you need your next pack, then they can have your next monthly pack of pills ready for you at the front desk and you can just pay there!

► The Patch and the Ring

General Notes
As a general matter, both the patch and the ring are very similar to oral contraceptives—in side effects, how they work, etc.—as you will see below.
What UHS Offers

The Patch – Xulane / Ortho Evra

What is it?
The patch is a thin, beige piece of plastic that looks like a bandaid. You can stick it pretty much wherever; on your butt, upper outer arm, lower abdomen or upper body. Don’t put it on your breasts or anywhere it will be rubbed (like under a bra strap). It works the same way as oral contraceptives (combination ones, that is). It releases the hormones estrogen and progestin a bit at a time. These hormones prevent ovulation as well as thicken the cervical mucus.

How long does it last?
The patch is a little easier to use than the pill, as you only have to change it once a week. After each week, you throw away your patch and put on a new one. You do this for three weeks, then leave it off the fourth week during which time you’ll get your “period” (again, similar to pills). However, also like pills, you can also choose not to take this week off and cycle your patches continuously to control when you get your period.

What are the side effects?
Usual: Same as oral contraceptives, the patch has both positive and negative side effects.

Positive: The patch may give you lighter periods. It also gives you control over when you get your period. The patch may also clear up acne. It may also reduce menstrual cramps. The patch may offer protection against endometrial and ovarian cancer, iron deficiency anemia, ovarian cysts, and pelvic inflammatory disease.

Negative: Spotting or breakthrough bleeding between periods, sore breasts, nausea and vomiting. Those symptoms will most likely go away within several months. A change in sex drive may last longer.

Unusual, but Possible: The patch can slightly increase your risk of health problems including heart attack, stroke, blood clots, and liver tumors. Women on the patch may also have a higher risk of blood clots than on other types of birth control pills.

What are the differences or pros/cons compared to other contraceptives?
The patch gives you the same control over your period as oral contraceptives, but without having to remember it every day—only once a week. Like oral contraceptives, the patch is likely to make your periods regular, lighter, and shorter. It can cause some lint and dirt build up because of the adhesive—the same as you might get with a bandaid—which bothers some women, but that’s pretty easy to scrub off. You do still have to remember it every week, so if that’s difficult, then a LARC may be better!
The Ring – Nuvaring

**What is it?**
Nuvaring is a small, flexible ring that you insert in your vagina for three weeks. It looks similar to one of those jelly bracelets. Again, it prevents pregnancy the same way as combination oral contraceptives and the patch—by releasing hormones (estrogen and progestin) that prevent ovulation and thicken cervical mucus.

**How long does it last?**
Each ring lasts three weeks. You put it in at the beginning of the month, then take it out 3 weeks later on the same day you put it in. That fourth week, you will get your “period,” then you’ll put a new one in again. Again, like the pill or the patch, it’s safe to leave the ring in for four weeks, then change it, if you want to avoid getting your period. It’s perfectly safe! If you use the ring continuously, you may have some spotting.

**Other details/tips about the ring**
To insert the vaginal ring, use your fingers to press the sides of the ring together, then gently push the ring into your vagina. Don’t worry about the exact position of the ring! That doesn’t matter. And there’s no need to remove the ring during sex. When you take it out, simply hook your finger under the forward rim and gently pull it out.

**What are the side effects?**
Again, side effects are the same as oral contraceptives. One additional possible side effect of the ring is increased vaginal discharge—this will likely go back to normal after a couple of cycles. The ring may also protect you from a bacterial infection called bacterial vaginosis.

**What are the differences or pros/cons compared to other contraceptives?**
The ring gives you the same control over your period as the pill and the patch, but with the advantage of only having to change it once a month. It also contains less hormones than the patch or oral contraceptives, which can be a plus for some people. Some people find it slightly difficult to insert the ring. It should be no harder than inserting a tampon. But if you find that it keeps slipping out, try pushing it in further. You can even try using an empty tampon applicator to push it in further. Some people also report that their partners don’t like feeling the ring when they’re having sex. You can pull out the ring during sex—just make sure to rinse it and reinsert it within 3 hours, and only do that once within a 24-hour time period.

**So, What Do I Do?**
Again, simply make an appointment with Sexual Health and Wellness at McCosh! They can give you a prescription, and talk to you about how best to use it.
The Shot

What UHS Offers
The Shot—Depo Provera (aka “Depo”)

What is it?
The shot is an injection in your arm or butt that keeps you from getting pregnant. Unlike combination pills, the patch, and the ring, Depo contains only progestin (no estrogen). It works the same way—by preventing ovulation and thickening cervical mucus.

How long does it last?
Each Depo Provera shot lasts for a full 3 months. You simply get the shot, then you’re covered for three months, then you get the next one.

What are the side effects?
Like other forms of hormonal birth control, Depo is likely to give you shorter, lighter periods. Depo can also cause irregular bleeding and spotting.

Depo also has a few unique and important side effects
First, Depo is the only method of contraception with a proven side effect of weight gain. This weight gain usually isn’t much—around 5 pounds or less in the first year. But that can be a deterrent for some people. Also, Depo is the only contraceptive that has a proven delay of return to fertility. That is, you may not be able to get pregnant as soon as you stop using it, as you can with all other methods. It can take 3 months to up to a year to return to fertility.

Unusual, but possible: Change in sex drive, depression, hair loss or more hair on your face or body, nervousness or dizziness, headache, nausea, and sore breasts.

What are the differences or pros/cons as compared to other methods of contraception?
Like other longer-term methods of contraception, Depo has the advantage of not having to be remembered very often—you simply get one shot every 3 months. However, the shot does have to be administered by a doctor or a nurse—so you have to remember to make an appointment to get the shot every 3 months. Some people have trouble remembering to make an appointment. Depo has the advantage of being progestin-only, so women who can’t take estrogen can use this method!
It’s also a very “private” method—since you get the shot at the doctor, there’s no packaging or other evidence of birth control lying around. All hormonal methods, the shot included, reduce the risk of uterine cancer and ectopic pregnancy. All progestin-only methods, including Depo and Paragard, are also safe to use while breastfeeding. Combined methods can also be used once breast milk is established but are less popular during breastfeeding—studies have mixed findings about combined methods.

So, What Do I Do?

Make an appointment with Sexual Health and Wellness at UHS! It’s better to call to say exactly what you want. UHS will give you a prescription for Depo Provera. You have to go pick up the prescription, then bring it back to McCosh so they can give you the injection.

Barrier Method: Condoms

What are they?
There are two types of condoms: internal and external. Internal condoms are inserted inside the vagina, whereas external condoms are slipped on over the penis. Both are put in place at the time of intercourse. These methods work as a physical barrier. Most external condoms also contain spermicide.

How effective are they?
With typical use, condoms are about 85% effective at preventing pregnancy.

What are the pros/cons compared with other methods of birth control?
Condoms have the unique advantage of being the only birth control method that protects against the transmission of STIs. However, condoms are less effective at preventing pregnancy than other methods of birth control.

Where can I get condoms?
You can get free condoms from McCosh! Each student can receive 10 external condoms and 2 internal condoms per day. You can also find condoms outside the doors of RCAs in undergraduate residential colleges. You can also get condoms from PSRJ! PSRJ has large numbers of Trojan condoms for student use. We have many distribution efforts throughout the year. You can also contact PSRJ if you would like condoms. Finally, you can purchase condoms at any drug store, including the U-Store and CVS.
CONTRACEPTION: COSTS

First, a general note about all costs/payment at McCosh:

No matter whether you have private health insurance or Student Health Plan (SHP), when you come to UHS, you get to see a health care provider free of charge. You are not charged for consultations, exams, etc.—anything that is fully in-house.

**SHP**

The Student Health Plan covers all* of the contraceptive services described in this guide. The way McCosh works, they do not do any billing directly in-house. So for any service, you will have to pay initially out of pocket—this can be with cash, credit card, or on your student account. When you pay, McCosh will give you the materials necessary to submit in order to request reimbursement through the Student Health Plan. It generally takes a few weeks for such requests to go through.

* All LARC methods placed at McCosh are covered at 100%. For prescriptions picked up at the pharmacy, however, it is dependent on the co-pay. Most generic brands of pills are covered at no cost, and so usually it is not a problem. If someone requests a specific brand, however, there will likely be a co-pay.

**Non-SHP**

Most private insurance plans will cover all of the services described in this guide at 100%. However, it is always good to know ahead of time if cost is a concern—simply contact your insurance company and ask.

This information applies generally for all contraceptive services. Additional information about costs for specific services, where it is relevant, is provided below.

**LARCs**

The cost associated with LARCs at McCosh is only the cost of the actual device itself—you do not pay for the placement procedure or anything else. The cost of a LARC is $700-$850. The price varies based on when UHS purchases them from the manufacturer. UHS always tries to buy in bulk in order to get the lowest price possible. When you have a LARC inserted, you will pay for that cost of the device out-of-pocket—cash, credit card, student account (if SHP), etc. Then you can get reimbursed for that cost from your insurance plan.
Oral Contraception

The two types of oral contraceptives (Aubra and Reclipsen) that you can purchase directly from McCosh are available for $15 per pack (each pack is one month’s supply). This is a more discrete option which may work well for students concerned about privacy (ex. Something coming up on a shared insurance policy).

Thinking about Cost

When considering costs, it may be useful to think about the “upfront cost” versus the annual or monthly cost. $800 for an IUD sounds daunting, but $100/year, or $10/month is more accurate, and compares more efficiently to $15/pack of oral contraceptives.

SHP

SHP reimburses the cost of LARCs at 100%. So, LARCs are essentially free on the Student Health Plan—you just have to pay the cost out-of-pocket initially and then get reimbursed. When you come in for placement, you will be given the reimbursement form, the statement of placement, all the necessary papers, and you merely need to send it all in to SHP!

Non-SHP

Check with your private insurance ahead of time about their reimbursement policy for LARCs! Many policies do reimburse at 100%, but it is good to know ahead of time.

Students will be responsible for determining with their insurance companies how the reimbursement happens. McCosh simply doesn’t have the “woman-power” to focus on this.
EMERGENCY CONTRACEPTION

What UHS Offers

► Plan B

Plan B (and its generics) is a single pill you can take within 72 hours (3 days) of unprotected sex to prevent pregnancy. Plan B is available over the counter in the United States. Plan B exclusively contains progestin. It works by delaying or preventing ovulation. It is not effective after an egg has already been fertilized. For clarification purposes, emergency contraceptive pills will not cause an abortion. Emergency contraceptive pills will not have any effect if you are already pregnant.

When should I take it?

If you had unprotected sex, you can take Plan B within 72 hours to reduce the risk of pregnancy. If you’re on another form of birth control, such as an oral contraceptive, there is no need to take Plan B. There are also different guidelines as to if and when you should take Plan B if you miss regular birth control pills. If you have missed 1 pill (more than 24 hours and up to 48 hours late), take your missed pill as soon as you remember (even if that means taking 2 pills in one day), and continue the rest of your pack as usual. Emergency contraception is not usually necessary in this case, but you should consider it if you missed pills in the first or last weeks of the pack. If you’ve missed two or more pills (more than 48 hours late), take the last pill you missed right away, leave any earlier missed pills, and continue taking the rest of the pack as usual, using a back-up method for the rest of the pack. If you have had unprotected sex in the previous 5 days and have missed two or more pills in the first week of your pack, emergency contraceptives will reduce your risk of pregnancy.

What are the side effects?

The side effects of emergency contraception pills (like Plan B and its generics) are very minimal. Some women may feel queasy, or might vomit. You might feel tired or dizzy, have some lower abdominal pain, or your breasts may feel more tender. If you do experience these symptoms, they should go away within a day or so. You may also have unexpected bleeding—this is all normal and nothing to be concerned about. If you happen to throw up within an hour of taking the pill, you may want to repeat the dose in case your body did not absorb the medication.
How well does it work?

Studies have shown that if you take a progestin-only emergency contraceptive like Plan B within 24 hours after unprotected sex, it can reduce your risk of pregnancy by up to 95%, and by 88% if you wake it within 72 hours. However, the exact effectiveness of emergency contraceptive pills is difficult to measure.

How do I get it?

Simply go to McCosh and ask for it! If you’re nervous about going up to the nurse at the front and saying that, call a few minutes ahead of time and let them know you need Plan B. Then, just give your name when you get there.

What should I expect?

At McCosh, the nurse will first ask you a few questions. The main purpose of these questions is NOT to be at all judgmental, but to ascertain what the best method of EC is for you (i.e. Plan B, Ella, or Copper IUD), as well as to make sure there are no concerns of sexual assault. They will most likely ask for the date of your last period—again, to figure out the best course of action. They will then give you the pill (or insert the IUD, as the case may be) which you can pay for at the front.

What are the costs?

McCosh will have a generic of Plan B (it’s just as effective as the name brand). The cost of the generic at McCosh is generally about $30. This may vary a little bit, as McCosh is constantly buying EC in bulk in order to get the lowest price possible. Outside of McCosh, at other pharmacies, the name-brand Plan B costs about $50, and the generics cost about $40. So it may be worth it to you to go to McCosh for EC for the reduced price they can offer!

What else should I know?

There are a few myths surrounding Plan B that you might have heard, that we want to clear up. First, emergency contraception is very safe. No deaths have been linked to EC, and there are no long term or serious side effects. You can also safely use EC pills even if your healthcare provider recommends against using the birth control pill. Also, Plan B is NOT less effective the more often you take it. It’s not a problem if you take it more than once! There are no safety concerns, and it does not become less effective. This includes even if you take it more than once per cycle—that’s okay! Also, be aware that because Plan B is progestin, you should not take it if you have any kind of problem with Progestin. Additionally, there is evidence that Plan B is not effective for obese women; specifically, women with a BMI of 26 or over. Additionally, though there are no problems with taking EC more than once, it’s best not to rely on this as a regular form of birth control, as it less effective than other methods.
Ella is a different type of emergency contraceptive pill. Like Plan B, it is a single pill. But where Plan B is Progestin, Ella is ulipristal acetate—it is an antiprogestin. Unlike Plan B, Ella is available only by prescription in the United States. McCosh prescribes and dispenses it there. Ella works the same way as Plan B—it delays or inhibits ovulation. It does not affect an already-fertilized egg, nor does it harm an existing pregnancy.

**When should I take it?**
Take Ella after unprotected sex, up to five days after. Unlike Plan B, Ella does not decrease in effectiveness during the five-day window after unprotected sex. Because Ella contains an antiprogestin, you should not take Ella if you are already taking a hormonal form of birth control that contains progestin (which is all of them)—such as oral contraceptives (birth control pills), hormonal IUDs, the patch, the ring, and Nexplanon. Ella is effective at preventing pregnancy up to five days after unprotected sex—this is a longer time frame than Plan B, which is normally only effective for 3 days.

**What are the side effects?**
Ella has the same possible side effects as Plan B.

**How well does it work?**
Ella is very effective at reducing the risk of pregnancy after unprotected sex—more effective than Plan B and its generics. As mentioned above, Plan B reduces the risk of pregnancy by 95% if taken within 24 hours after unprotected sex. Also, Ella is just as effective within 24 hours as it is up to 5 days after unprotected intercourse. The risk of pregnancy after taking Ella within 24 hours after sex is 65% lower than the risk after taking Plan B. That is to say, very effective. Also, Ella is more effective than Plan B closer to the time of ovulation (when most women are most at risk of becoming pregnant). Additionally, Ella is more effective for women with a BMI between 26-30 than Plan B (though both are not as effective as the Copper IUD).

**How do I get it?**
See Plan B, above. Note that Ella is not available over the counter; only by prescription.

**What should I expect?**
See Plan B, above.
What else should I know?

If you are not currently using a hormonal mode of birth control, you should really consider Ella over Plan B, as it is significantly more effective. Another thing to note is that unlike Plan B, you should not take Ella more than once within the same cycle.

► Copper IUD

The Copper IUD is often used for regular birth control (see the section about Paragard under “Contraception”); however, it can also be used as emergency contraception, and is actually the most effective method! The Copper-T IUD does not affect ovulation (the way EC pills do), but it can prevent sperm from fertilizing an egg. It may also prevent implantation of a fertilized egg.

When should I use it?

The Copper IUD can be inserted within 5 days after unprotected sex to prevent pregnancy—it has the same effectiveness on day 5 as on day 1! It’s a great option for emergency contraception, especially if you’ve been considering an IUD, anyway. You should only use this method if you want to actually use the IUD as birth control for many years—you wouldn’t simply insert the IUD for emergency contraception, then remove it again.

What are the side effects?

The side effects of the Copper IUD used as emergency contraception are the same as when used as regular birth control—see the above section about Paragard under “Contraception.”

How well does it work?

The copper IUD is 99%-100% effective at preventing pregnancy! It also works just as well for women of all weights—Plan B is only effective for BMIs less than 26, and Ella is less effective for BMIs over 30.

How do I get it?

For the most part, this is the same as for the other two forms of emergency contraception available at McCosh. However, while you can access both types of pill on the weekend and after normal hours (when McCosh has reduced services), you may only be able to get the copper IUD inserted during normal UHS hours. If you have unprotected sex on the weekend, or outside of normal hours and want the non-hormonal IUD inserted as emergency contraception, don’t panic. Simply go to McCosh or call and make an appointment to have it inserted when it’s possible to do so, during normal hours. As long as its within 5 days after unprotected sex, it will be effective—it is not less effective the longer after unprotected sex it is inserted, but is as effective across that window of time.
SEXUALLY TRANSMITTED INFECTIONS (STI’S)

STI Testing at McCosh: General Info
See below under each STI to see McCosh information specific to that STI.

When Should I Get Tested?
When should I get tested? Testing for certain STIs is important whether or not you have symptoms or think you may have been exposed. Following CDC guidelines, McCosh recommends that all individuals who are sexually active be screened at least once a year. A screening test means that you do not have any symptoms, and most of the time the results are negative (normal). Because gonorrhea and chlamydia can be present for many months before causing symptoms, it is recommended that testing occur once a year, or after each new partner. Testing is important if you have symptoms too. Symptoms of STIs can vary greatly, but pain or other urinary symptoms, vaginal discharge, more pain than usual during periods, or pain during sex are common symptoms.

How to Get Tested
How to get tested? Simply schedule an appointment with Sexual Health and Wellness at McCosh. This can be done on-line using MyUHS by choosing the Sexual Health and Wellness option, by calling 83141, or stopping in at the front desk. If you have symptoms, be sure to indicate that when making the appointment—this should result in a same day appointment. If you do have symptoms, or think you may have been exposed, stay calm! Many STI’s are incredibly common, and most are treatable. There is no need to worry. Obtaining information from a reliable expert source (like McCosh) may help to provide reassurance and alleviate concerns.

What to Expect
The nurse will ask you a series of questions. These questions are not at all intended to make you feel uncomfortable or to be judgmental! They are only to determine the best course of action. The nurse will ask you about your sexual activity in the past, including number of partners, and the sex of the people you’ve had sex with. These questions are only to help both you and the nurse, to determine your risk for various STI’s—they have only a health-related purpose. And, of course, all answers are confidential. You don’t need to tell the nurse anything you are uncomfortable with. And feel free to ask them any questions at all! It’s important to be knowledgeable about your sexual health!
If you are a straight woman or man, and are asymptomatic, routine testing at McCosh (following CDC recommendations) generally includes HIV rapid testing, and a urine test for gonorrhea and chlamydia. If you are a gay man or a bisexual man or woman, McCosh may also test for syphilis. It’s important to know ahead of time that for gonorrhea and chlamydia, the test can indicate a positive for exposure 2 weeks ago or prior—so, if you’re worried about an encounter that occurred in the past 2 weeks, you should wait to get tested until past that window of time, or get re-tested after that time. Similarly, the HIV rapid test tests for antibodies which are usually present within 3-4 weeks of exposure. This may be useful information to keep in mind if you are asymptomatic and are getting tested. However, if you are experiencing symptoms, get tested right away!

Because testing often involves a urine sample, you should not pee within an hour of your appointment.

Will My STI Testing Be Kept Confidential?

Will my testing for STI’s be kept confidential? The clinicians at McCosh take confidentiality very seriously, and understand that concerns about confidentiality can affect a person’s willingness to be tested. There are safeguards to ensure that test results are disclosed only to you. Most insurance companies, including the SHP, will send an explanation of benefits (EOB) to you stating what tests were performed. It’s important to know what address your insurance has on file. To pay for the most common STI tests, there is an option of having the tests sent to a state lab that is not billed to insurance companies, but there will be a small fee charged to you. (see section below under ‘McCosh’ for chlamydia and gonorrhea)

After Your Appointment

Testing generally takes about 7 days to come back. UHS will notify you (through secure messaging) only if your test comes back positive—so if you don’t hear anything after that time, the test was negative. If you test positive, McCosh will bring you back in to prescribe any treatments, and discuss the next course of action. You should also make sure to tell any recent partner(s)! It’s important that if you test positive you tell your partners so they can get tested as well, and receive treatment if need be.
STI’s – Specific Information

Chlamydia

Chlamydia is a bacterial infection that can be spread through vaginal, oral, and anal sex. The infection is carried in semen, pre-ejaculate, and vaginal fluids. Chlamydia can also be spread to the eyes in rare cases, and may also be spread from mother to baby during birth. Chlamydia is NOT spread through casual contact.

Symptoms

Most women with Chlamydia, and about half of men, are asymptomatic— in total, 7 out of 10 people with chlamydia have no symptoms. If a person does have symptoms, they usually present within 1-3 weeks after exposure, and include: inflamed urethra, which can cause pain/burning during urination, vaginal discharge, pus or watery/milky discharge from the penis, and pain/swelling of the testicles. If the infection spreads to the fallopian tubes, symptoms may include lower abdominal and lower back pain, pain during intercourse, spotting between periods, and nausea or fever.

Effects

If left untreated, Chlamydia may cause Pelvic Inflammatory Disease (PID) which can lead to chronic pelvic pain, pregnancy problems, and even infertility. Untreated chlamydia can also lead to a higher risk of contracting HIV from sexual activity. It may also cause Prostatitis (inflammation of the prostate), and scarring of the urethra.

Treatment

Chlamydia is CURABLE, and treated by antibiotics (azithromycin and doxycycline). The medication is just a single pill! (That is, Azithromycin, which is usually the first prescribed. Doxycycline is taken twice a day for a week).

McCosh

At McCosh (as at most places), gonorrhea and chlamydia are tested for together. SHAW nurses will test in different ways at whichever orifices you might have been exposed to chlamydia. If you have vaginal sex, the test is most often a urine test. If you’re having a vaginal examination, it can also be tested for with a vaginal swab. If you have anal sex, it can be tested by a rectal swab.
If you have private health insurance, and would like the testing to go through that insurance, the test can be sent through Quest lab. If you have private insurance but don’t want your parents to know, or are on the Student Health Plan (SHP), the test can be sent through the state.

The cost is $9.50 per each type of test (i.e. throat, urine, rectal). So if you only have your pee tested, it’s $9.50. You can pay out of pocket (credit card, cash) or put it on your student account, and can be reimbursed through SHP.

The results of the test usually come back within 7 days, and you will only be notified (through secure messaging) if the test is positive. So if you don’t hear anything from UHS after that time, the test was negative. If you test positive for chlamydia or gonorrhea, McCosh recommends that you be re-tested again 3 months later. The chlamydia/gonorrhea test will only indicate a positive result if you were exposed 3 weeks ago from the test or further in the past—a positive test will not show up yet if you were exposed sooner than 3 weeks from the date of the test. If the test is positive, McCosh can prescribe the antibiotic to treat it. The prescription can be filled at any usual pharmacy you use.

Gonorrhea

Gonorrhea is a bacterial infection passed through vaginal, anal, or oral sex. It can be passed when the mucous membrane of one person comes into contact with the mucous membrane secretions, semen, or pre-ejaculate of an infected person. It may also be passed to the eyes during sex or through hand-to-eye contact. It can also be transmitted from mother to baby during birth. Chlamydia is NOT spread through casual contact.

**Symptoms:**

Many men exhibit symptoms within 2-5 days after exposure, but may exhibit as soon after one day and as late as 30 days after. Symptoms may include yellowish-white discharge from the penis, burning or pain during urination, frequent urination, and pain or swelling of the testes. Women most often are asymptomatic, but may experience abnormal discharge from the vagina that may be yellowish or even bloody, and burning or pain when urinating.

**Effects**

If left untreated, Gonorrhea may lead to Pelvic Inflammatory Disease (PID) which may cause chronic pelvic pain, pregnancy problems (including possible miscarriage), spotting between periods, postpartum endometritis, and infertility. Untreated gonorrhea may also lead to prostatitis, scarring of the urethra, and epididymitis (inflammation of the epididymis).
**Treatment**

Gonorrhea is CURABLE with antibiotics. Many people with gonorrhea may also have chlamydia, and so will be treated for both.

**McCosh**

(see Chlamydia, for testing info). If you test positive for gonorrhea, the antibiotic is delivered through an injection.

**Herpes**

Herpes is caused by a virus. One in six people in the U.S. have genital herpes. Herpes is caused by two different, but similar, viruses: herpes type 1 (HSV-1) and herpes type 2 (HSV-2). Both kinds can cause sores around the genitals or mouth. HSV-1 usually causes oral herpes, and HSV-2 usually causes genital herpes. Herpes is spread from skin-to-skin contact with someone who has the virus. You can get it when your genitals and/or mouth touch their genitals and/or mouth.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Effects</th>
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<tbody>
<tr>
<td>Those with herpes may often be asymptomatic. The most common symptoms of genital herpes are itchy or painful blisters on the vagina, vulva, cervix, penis, butt, anus, or the inside of the thighs. The blisters break and become sores. Other symptoms may include burning when you pee if the urine touches the sores, trouble peeing because of swollen sores blocking the urethra, itching, and pain around the genitals. Genital herpes caused by HSV-2 may also cause flu-like symptoms.</td>
<td>When blisters and other symptoms appear, it is referred to as an outbreak. The first outbreak (referred to as the first episode) usually occurs within 2-4 weeks after infection. It may be very extreme, or very mild. After the first, repeat outbreaks are usually shorter and less painful. Over time, most people have fewer outbreaks and some may stop having them altogether.</td>
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**Treatment**

Herpes is not curable. However, it is very manageable! Herpes is treated through antiviral medications (Acyclovir, Valacyclovir, or Famciclovir). If you have a lot of outbreaks, your healthcare provider will likely prescribe a medicine to take every day (suppressive therapy) that can help prevent future outbreaks and lower your chances of spreading herpes to your partners. Taking an antiviral medication is associated with a significant decrease in the frequency of “shedding: the virus. Herpes might be annoying, but it doesn’t get worse over time or cause serious health problems the way other STI’s might.
**McCosh**

Herpes is not one of the CDC recommended screening tests, so McCosh does not offer routine screening for Herpes. Herpes can be tested for through blood work in certain circumstances, done through the Quest lab. The test will tell you if you have ever been exposed to the Herpes virus, but will not tell you if you are currently shedding the virus or actively carrying it. If you test positive for Herpes, SHAW nurses will consult with you and determine the best mode of treatment to manage the virus, and prescribe the medication for whatever that may be, including a pill to take daily to help prevent outbreaks and shedding of the virus (as discussed above).

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**HIV**

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV may be transmitted through the blood, sexual fluids, or breast milk of an infected person.

**Symptoms**

Most people do not experience symptoms or illness immediately after infection. Some people may experience an illness with fever, rash, joint pains, and enlarged lymph nodes. If an immune reaction to HIV occurs, it usually takes place between 1 to 6 weeks after HIV infection.

**Treatment**

HIV is not curable. However, the development of powerful antiretroviral drugs has made living with HIV much more manageable. Most people diagnosed with HIV will often take a “cocktail” of medicines designed to strengthen the immune system.

**Effects**

If left untreated, HIV infects cells of the human immune system and destroys or impairs their function. Infection leads to slow destruction of the immune system, making a person more susceptible to many types of infections. Once a person with HIV develops one of a number of rare infections, they are said to have AIDS. Prior to 1996, scientists estimated that approximately half of HIV-infected people would develop AIDS within 10 years. However, the introduction of powerful antiretroviral therapies since 1996 has DRAMATICALLY changed the progression time between HIV infection and the development of AIDS.
McCosh

Rapid HIV testing at McCosh is free! It is a simple finger-prick test. This test detects antibodies, which are present 3-4 weeks after infection. You can make an appointment for rapid HIV testing on-line, by calling 8-3141, or in person. Be sure to specify if you would like HIV testing alone, or in addition to testing for chlamydia and gonorrhea.

At your appointment, the nurse will do the HIV rapid test first, which takes 20 minutes after the prick, so you know whether it is positive or negative before you leave. If that test is positive it is considered a preliminary positive--blood work (blood drawn from the vein) will be done to confirm the positive. If the test is negative, but you have reason to believe you were exposed, you should be re-tested 3 months later. Don’t worry, though--they’ll explain all of this to you at your appointment!

If you have a positive rapid HIV test, that does not mean you have HIV. Your clinician will explain to you what additional tests are needed to confirm whether or not you have acquired the virus. If the confirmatory tests are positive, then you will be informed in person, and connected to an Infectious Disease Specialist the same or the next day. HIV infection is a manageable condition, and is not the same as having AIDS.

McCosh also offers PrEP (Pre-Exposure Prophylaxis) to prevent HIV! PrEP is a daily medication. Anyone who is HIV-negative and at substantial risk for HIV infection should consider PrEP. This includes anyone who is in an ongoing relationship with an HIV-infected partner, is a gay or bisexual man who has had sex without a condom or been diagnosed with an STI within the past 6 months, is a heterosexual man or woman who does not regularly use condoms when having sex with partners known to be at risk for HIV (e.g., injecting drug users or bisexual male partners of unknown HIV status, or has, within the past 6 months, injected illicit drugs and shared equipment (e.g. needles)).
HPV (Human Papillomavirus)

Human papillomavirus (HPV) is the name for a group of viruses that includes more than 100 types, more than 40 of which can be passed through sexual contact—these types are called genital HPV. HPV can be spread through vaginal, oral, or anal sex. It can be spread through genital touching (skin to skin contact)—that is, a man does not have to ejaculate for HPV to spread; it does not require an exchange of bodily fluid.

Effects

High-risk types of HPV can cause cancer of the cervix, vagina, vulva, anus, penis, or throat. HPV most often causes cervical cancer. If high-risk types of HPV persist, they may cause abnormal cells, which in turn can lead to cancer. Cervical cancer most commonly takes 10-20 years or more to develop, which is why even women who are no longer sexually active should still continue to be screened.

Symptoms

HPV has no symptoms, including for high-risk types. Most people feel fine even when they have cell changes caused by HPV.

Treatment

HPV is not curable. Most often, HPV goes away on its own. If HPV does not go away, there are treatments for the genital warts and cervical cell changes caused by HPV.

McCosh

There is no standard screening for HPV—only for women over 30 as part of pap smear screening for cervical cancer. A vaccine for HPV (commonly known by its brand name, Gardasil) exists and can be administered at McCosh. Gardasil, if given before exposure to the virus, can prevent most cases of cervical, vaginal, and vulvar cancer in females, as well as genital warts and anal cancer in males and females. Gardasil is administered in 3 doses—the 1st dose now, the 2nd dose 1-2 months later, and the third and final dose 6 months after dose one. Gardasil used to be only recommended for women, because the cancers HPV can cause most commonly affect women. However, it is now recommended that people of all genders be vaccinated, as anyone can carry and spread the virus to other partners.
Syphilis

Syphilis is an STI which can cause serious health problems if left untreated.

Symptoms

Syphilis causes (usually painless) sores called chancres on the genitals. The signs of syphilis may be confused with rashes, pimples, or ingrown hairs. The sores are very contagious, and typically appear between 3 weeks - 3 months after exposure. They usually last 3-6 weeks and then go away on their own with or without treatment. But even if the sores go away on their own, syphilis can still cause irreparable damage.

Effects

The above-described sores are the first, or primary, stage of syphilis. If left untreated, in the secondary stage, you may experience rough, reddish-brown rashes on the palms of your hands, soles of your feet, or other parts of your body. It is usually not itchy. You may also experience flu-like symptoms. Syphilitic “warts” may appear in the anus or genital area. The rashes and flu-like symptoms may last for 2-6 weeks at a time and may come and go for years. If still left untreated, in the late (or tertiary) stage, syphilis may cause tumors, blindness, and paralysis. It can damage your nervous system, brain and other organs, and even kill you.

Treatment

Syphilis is CURABLE. However, if not treated early, any permanent damage wrought by syphilis is irreparable. Syphilis is most often treated with penicillin.

McCosh

Following CDC recommendations, McCosh does not test for syphilis as part of standard testing, unless you are a man who has sex with men, or are someone who has sex with men who also have sex with men. They can, of course, test for syphilis if you request it or if you are displaying symptoms. Syphilis is also tested for through bloodwork, done through the Quest lab. If you test positive for syphilis, then penicillin is delivered through an injection. McCosh will prescribe you the medication, then you pick it up from your pharmacy and return to McCosh, where a nurse will administer the injection. After this, McCosh recommends follow-up blood draws to make sure the treatment is going well—since syphilis can have such serious consequences if left untreated, they want to make sure the treatment is effective!
Trich (Trichomoniasis) is caused by a parasite. It is spread through vaginal, oral, or anal sex. It is spread through skin-to-skin contact of the genitals—exchange of fluids is not necessary to transmit the parasite. Trich is much more common in men than women.

**Symptoms**

People with trich are most often asymptomatic. However, if symptoms do develop, they most often appear within 5-28 days after exposure, and may include irritation/itching in the genital area, thin or frothy discharge with an unusual, unpleasant odor that may be clear, white, yellowish, or greenish, discomfort during sex and when urinating, or in rare cases, lower abdominal pain.

**Effects**

Trich has no long term effects. Most people with trich have no symptoms and never know they have it. The only effect of untreated trich, besides possible display of symptoms, is it may cause genital inflammation that makes it easier to become infected with HIV or to pass HIV to a sex partner.

**Treatment**

Trich is CURABLE, with antibiotics (usually Flagyl or Tinidazole). These antibiotics are usually a single pill.

**McCosh**

McCosh also does not normally test for Trich unless you are symptomatic. If you are symptomatic, McCosh can test for it, which involves taking a sample of your vaginal discharge and looking at it under a microscope to look for the presence of the parasite. UHS happens to know that there is not a high prevalence of trich in this population (Princeton students). If tested, and the result is positive, McCosh will prescribe the appropriate antibiotic.
PREGNANCY

► What UHS Offers

Pregnancy Tests

Pregnancy tests at McCosh are FREE, and involve only collection of a urine sample! You can go in and request one at any time. Because they involve a urine collection, you should not pee within an hour of the test. It generally takes about two weeks for a pregnancy to be evident in your urine—so that is the earliest at which a pregnancy test at McCosh could detect a pregnancy, about two weeks after implantation.

It is also possible for McCosh to test for pregnancy with serum blood work. However, this is not in particular more accurate than a urine test—McCosh would only do a blood test if you have specific concerns about your pregnancy, and need the specific numbers that only blood work can provide. If you have reason for concern about miscarriage or ectopic pregnancy, for example, blood work would be done.

Prenatal Care

Beyond the pregnancy test, McCosh does not provide prenatal care. They can refer you out to a local ob/gyn (one who works with your insurance).

If you have an urgent need to see an ob/gyn, McCosh does have a consulting ob/gyn who comes in to see patients once every other week, for an hour. This is an option if you need it—simply contact McCosh (by phone or in person) to schedule that kind of appointment.
Abortion

What UHS Offers

McCosh can offer you options counseling for a pregnancy, including referrals for an abortion should you decide to terminate a pregnancy. Though it may not occur to you to go to McCosh if seeking an abortion, you should consider it! The nurses and doctors at McCosh have connections with the local abortion providers. They can make that call for you and can often get you in a little more quickly by going through them. You may also feel more comfortable and supported to be in a place where a McCosh doctor or nurse can help you make that call.

To make this kind of appointment at McCosh, call McCosh or go in in person. You can tell them that you are seeking an abortion, if you are comfortable, and they will schedule an appointment with the appropriate person. Or, if you’d rather not say that, you can tell the front desk nurse (phone or in person) that you’d like a pregnancy test (something which they will do anyway), or simply that you’d like options counseling.

The Student Health Plan covers both medical (i.e. the abortion pill) and surgical abortion at 80% (the standard level for most insurance policies).
INFERTILITY

► What UHS Offers

There is not a lot that McCosh can do themselves in terms of infertility treatments and plans of action. However, they can do the initial work up at McCosh if need be. Beyond that, McCosh can refer you out to a reproductive endocrinologist, and can help you find one in the area who best fits your needs and who accepts your insurance. They want to make sure you are getting the most competent care possible.
GYNECOLOGICAL/ UROLOGICAL SERVICES

► Gynecological Services

What UHS Offers
McCosh offers all the most commonly needed gyn-related services for students. This includes:

- Well-person exams
- Pap smears
- Breast issues such as bumps or discharge
- UTI and yeast infection care

As a general matter, McCosh is a great start if you’re having any issues in this arena. If you are having any itching, burning, pain, etc. in your genital region, McCosh can help figure that out and treat you as many be indicated.

► Urological Services

Similarly, if you are having any problems with your genitals (penis, testicles, etc.) McCosh is always a good place to start. They can address any discharge or pain—go to McCosh. They can also help address erectile dysfunction.
LGBTQ+ - SPECIFIC SERVICES

► What UHS Offers

Transitioning

McCosh offers hormones for medical transition for transgender students. Additionally, the Student Health Plan covers a fairly comprehensive surgery list for transitioning. McCosh can help you navigate your insurance and your options if that is something you want to initiate.

PrEP

McCosh offers PrEP for any students at high risk for contracting HIV. For more information on PrEP, see the above “HIV” section under STI’s.
DISCLAIMERS:
1. Throughout this guide, brand names are used to facilitate communication and not as an endorsement of a particular brand or company.
2. The information in this guide is accurate at the time of publication. Services at McCosh are subject to change so please confirm with them if you have any questions. In addition, information about insurance is not a guarantee of coverage. Coverage should always be confirmed with your insurance provider.

FOR MORE INFORMATION

McCosh

http://uh.s.princeton.edu/medical-services/sexual-health-and-wellness
609-258-3141

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Your Opinion Matters to McCosh

The patient satisfaction questionnaires are highly valued and utilized by us in planning services and personnel. Also, we very much want to hear about any unsatisfactory experiences so that we can take corrective action such as improving a process or practice. We are here to serve students by providing the highest quality health care.

-- McCosh

REFERENCES

https://www.bedsider.org/methods
https://www.cdc.gov/std/general/default.htm
https://www.plannedparenthood.org/get-care/our-services/birth-control
https://www.plannedparenthood.org/learn/birth-control
http://ec.princeton.edu/emergency-contraception.html

Michelle Schramm, Coordinator of Sexual Health and Wellness, University Health Services, Princeton University
ABOUT PSRJ

Founded in 2016, Princeton Students for Reproductive Justice, member of Planned Parenthood Generation Action, exists to educate the university community about reproductive health and rights, to translate increased awareness into pro-choice activism on campus, to promote an environment of sex positivity, and to serve as a coalition partner to state, national, and international reproductive rights efforts.

Princeton Students for Reproductive Justice believes in the fundamental right of every individual to manage his or her fertility. PSRJ supports full access to comprehensive reproductive and complementary health care services in settings that preserve and protect the essential privacy and rights of each individual; advocates public policies that guarantee these rights and ensure access to such services; and supports access to medically accurate educational programs that enhance understanding of human sexuality.

Facebook: fb.me/PrincetonStudentsforReproductiveJustice

Website: www.princetonreprojustice.org

Contact: psrj@princeton.edu
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