

Types of Family Planning

- ❖ There are different classification
- ❖ s based on different views
 - Traditional vs Modern
 - Natural vs Artificial
 - Temporary or permanent
 - Surgical vs Non-surgical

Natural family planning methods

- ❖ Are methods used by giving attention to natural reproductive events related to fertility
- ❖ They do not have side effects or health risks and includes:

a) Fertility awareness method

- ❖ Rhythm /calendar method
- ❖ Standard days method
- ❖ Symptom based methods
- ❖ Sympho-thermal method

b) Non - fertility awareness method

- Lactational amenorrhea method (LAM)
- Abstinence
- Coitus interrupts/Withdrawal method

Natural family planning

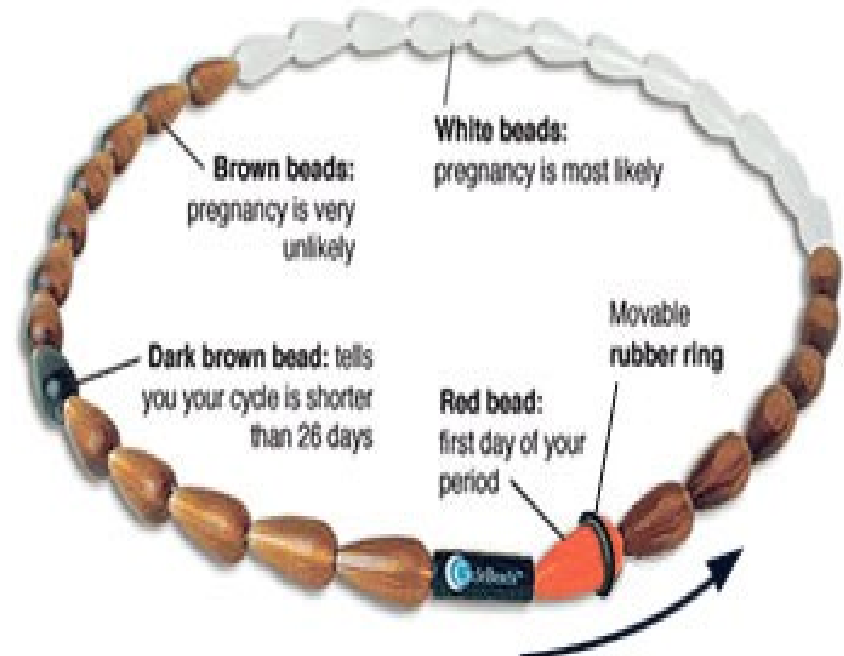
1. Rhythm Method

- ❖ Method in which a woman calculates the fertile days of her menstrual period and
- ❖ Before relying on it, a woman records the days of her menstrual cycle at least for 6 months
- ❖ Subtracts 18 from the shortest and 11 days from longest recorded cycle
- ❖ This tells her the estimated last day of her fertile time

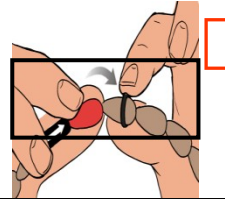
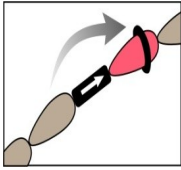
Natural family planning methods cont...

2. Standard Days Method (SDM)

- ❖ Calendar-based method w/c can be used by women who have regular cycles b/n 26 - 32 days
- ❖ Identifies days 8-19 of the cycle as fertile
- ❖ It relies on a "standard rule" or a fixed "window" of fertility
- ❖ Color-coded string of beads use to keep track
- ❖ By moving the rubber ring every morning to the next bead



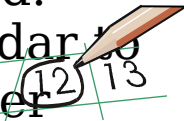
How to use Standard Days Method...



❖ **THE RED BEAD is day 1 of cycle**

❖ On the **first day of your period**, move the rubber ring onto the red bead.

Mark a calendar to help remember

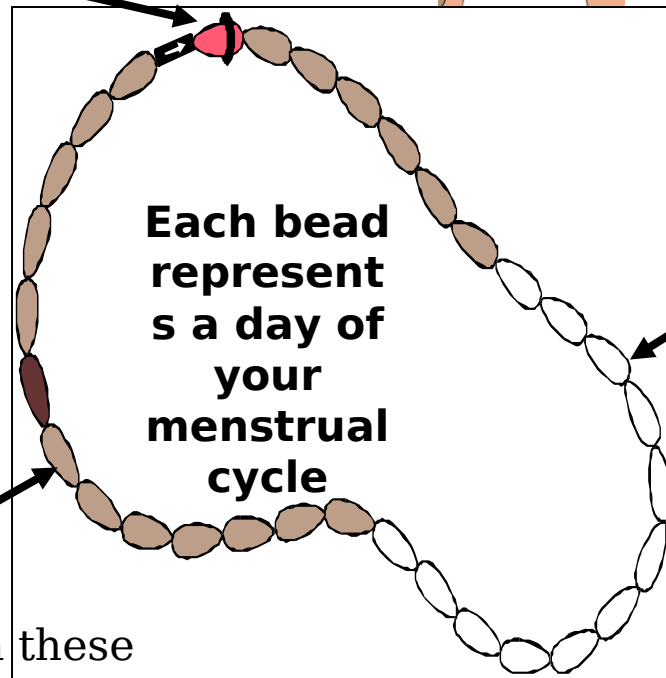


❖ **BROWN BEAD DAYS are days when pregnancy is unlikely**

❖ You can have sex on these days.

❖ No condom needed.

❖ When your next period starts, move the ring to the red bead again



❖ Every morning move the rubber ring to the next bead

❖ Always move the ring in the **direction of the arrow**. **WHITE BEAD DAYS are days when you CAN get pregnant.**

❖ Use a condom or do NOT have sex on these days to prevent pregnancy

Fertility awareness methods...cont'd

- Symptom based methods

1. Cervical Mucus Method- CMM (Billings Ovulation Method)

- ❖ Is a symptoms-based fertility awareness method
- ❖ Relies on woman's ability to predict the characteristics of cervical mucus
- ❖ Around the time of ovulation it becomes profuse, thin, transparent, watery, palpable and slippery
- ❖ Avoid unprotected sex when cervical secretions appear and until 4 days after the 'peak'

Stretching between the finger and thumb

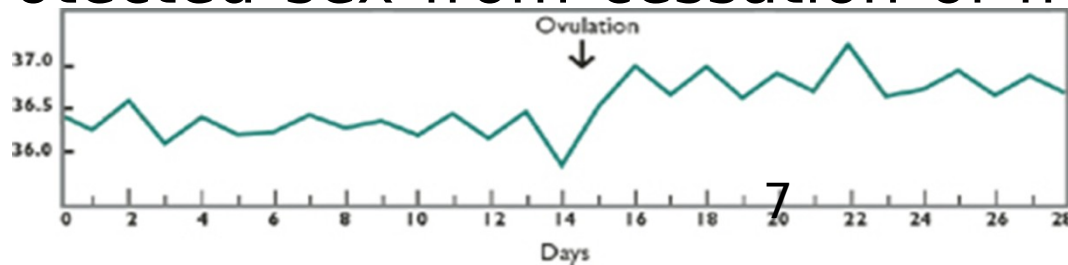
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Fertility awareness methods...cont'd

2. Basal Body Temperature- BBT Method

- ❖ Symptom-based method relies on woman's ability to notice a slight increase in her body temp
- ❖ BT rise of 0.2-0.5°C following ovulation
- ❖ Is a result of hormonal changes that result in ovulation
- ❖ The 3rd day after the onset of elevated BT is the end of the fertile period
- ❖ Abstinence unprotected sex from cessation of menses until 3 days after



Summary of effectiveness of Fertility

Awareness Methods

Method	Pregnancies per 100 Women Over the First Year
Calendar-based methods	
❖ Standard Days Method	5
❖ Calendar rhythm method	9
Symptoms-based methods	
❖ BBT method	1
❖ Cervical mucus method	3
❖ Sympto-thermal method	2

fertility awareness methods cont'd

- Why Some Women Say they Like Fertility Awareness Methods
 - ❖ Have no side effects
 - ❖ Do not require procedures and usually do not require supplies
 - ❖ Help women learn about their bodies and fertility
 - ❖ Allow some couples to adhere to their religious or cultural norms about contraception
 - ❖ Can be used to identify fertile days by both women who want to become pregnant and women who want to avoid pregnancy

Non - fertility awareness method

1. Lactation amenorrhea method (LAM)

- ❖ Is temporary method based on the natural effect of breastfeeding on fertility
- ❖ The LAM requires 3 conditions must be met:
 - a) The mother's monthly bleeding has not returned
 - b) The baby is fully or nearly fully breastfed and is fed often, day and night
 - c) The baby is less than 6 months old
- ❖ Works primarily by preventing the release of eggs
- ❖ 2 pregnancies per 100 women using it in the first 6 months after childbirth will occur
- ❖ Does not provide protection against STIs

Non - fertility awareness method... cont'd

2. Withdrawal method

- ❖ Withdrawal of penis from partner's vagina before ejaculation
- ❖ Also known as coitus interruptus and “pulling out”
- ❖ Is one of the least effective methods
- ❖ It doesn't protect from STI

Non - fertility awareness method... cont'd

3. Abstinence

- ❖ The only method that is 100% effective
- ❖ + It protects you from STDs and pregnancy
- ❖ - You may feel like you are missing out on sexual experiences

Artificial Methods

- ❑ Are methods used to plan or prevent pregnancy but are not dependent on a woman's fertile days and categorized as:
 1. Hormonal contraceptives
 2. Mechanical contraceptives /Barrier method
 3. Surgical contraceptives

Artificial Methods cont...

1. Hormonal contraceptives

❖ Methods work by altering the woman's hormones to make pregnancy unlikely and classified as:

- **1. Short acting**

- ❖ Includes :

- a) Combined oral contraceptives
 - b) Progestin only pills
 - c) Emergency contraception
 - d) Injectable contraceptives

- **2. Long acting**

- ❑ The implantable contraceptives

- ❖ Implanon
 - ❖ Jadelle
 - ❖ Sino -plant

Artificial Methods cont...

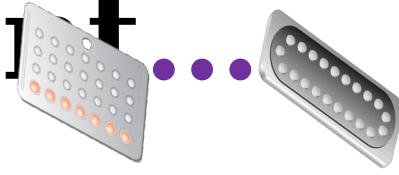
2. Mechanical contraceptives /Barrier method

- ❖ Physically stop the sperm from getting to the egg
 - Condoms
 - Diaphragm
 - Cervical cap
 - Vaginal ring
 - Foams/Spermicides
 - IUCD

- 3. Surgical or Permanent Contraceptives

- ❖ Vasectomy
- ❖ Tubal ligation

Artificial Methods cont...



A. Combined oral contraceptives/COC

- ❖ Are pills that contain low doses of progestin and estrogen
- ❖ Packing of 28 tablets containing 21 hormonal tabs and 7 placebo or iron
- ❖ Work primarily by preventing the release of eggs from the ovaries
- ❖ Those infected with HIV, have AIDS, or on ART can safely use it

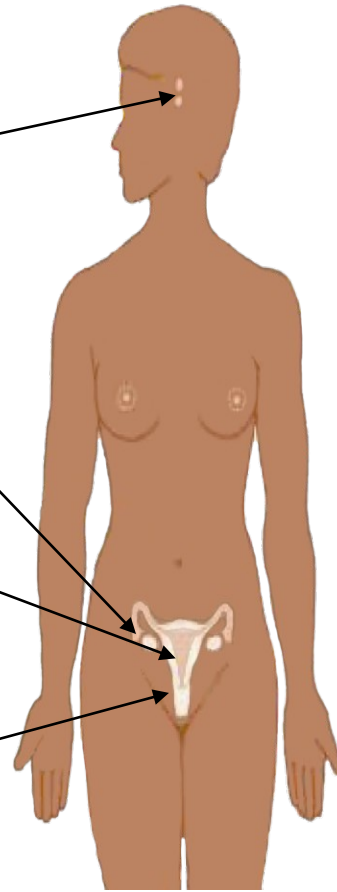
Mechanism of Action of COCs

- ❑ Suppresses hormones responsible for ovulation

- ❑ Thickens cervical mucus to block sperm

- ❑ Change in Endometrial ,making implantation less likely

➔ COCs have no effect on an existing pregnancy



Characteristics COCs

- ✎ Safe and more than 99% effective if used correctly but
- ✎ About 91% if not used correctly
- ✎ Can be stopped at any time and controlled by the woman
- ✎ No delay in return to fertility
- ✎ Do not interfere with sex
- ✎ Have health benefits
- ✎ Require taking a pill every day
- ✎ Do not provide protection from STIs/HIV

NONE CONTRACEPTIVE BENEFITS OF COCS

- ❖ Decreases amount and duration of flow, no bleeding in rare cases
- ❖ Make menstrual cycles regular and predictable
- ❖ Reduce pain and cramps during menses
- ❖ Reduce pain at time of ovulation

Non contraceptive benefits of COCs ...

cont'd

❑ Reduces risk of:

- ❖ Benign breast disease
- ❖ Ovarian cysts
- ❖ Iron-deficiency anemia
- ❖ PID
- ❖ Endometrial and ovarian Ca
- ❖ Dysmenorrhea
- ❖ Arthritis and osteoporosis
- ❖ Symptoms of endometriosis
- ❖ Symptoms of polycystic ovarian syndrome

Menstrual-Related Health Benefits

- ❖ Decreases amount and duration of flow, no bleeding in rare cases
- ❖ Make menstrual cycles regular and predictable
- ❖ Reduce pain and cramps during menses
- ❖ Reduce pain at time of ovulation

Who used it ?

- Used without restriction in:
 - ❖ Adolescents
 - ❖ Nulliparous women
 - ❖ Postpartum (more than 3 weeks, if not BF)
 - ❖ Immediately post-abortion
 - ❖ Women with varicose veins
 - ❖ Any weight (including obese)

Who should not use it

❑ Women with:

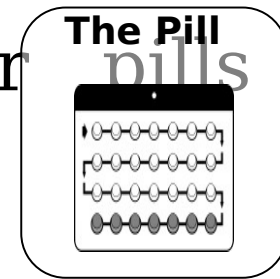
- ❖ Pregnancy
- ❖ < 6 wks post partum if breast feeding
- ❖ Age $\geq$ 35 and smoker
- ❖ BP >160/100mmHg
- ❖ DVT or pulmonary embolism
- ❖ CVD or increased risk of CVD
- ❖ Breast cancer
- ❖ Liver disease/Gallbladder disease
- ❖ Woman taking rifampicin and phenytoin
- ❖ Heavy smoking

When to start COCs

- ❖ Anytime you are reasonably certain the woman is not pregnant
- ❖ Within the first 7 days of menstrual cycle
- ❖ Abstained from intercourse since last menses or delivery
- ❖ Within 7 days after miscarriage or abortion
- ❖ Consistently and correctly use of other methods and needs switching
- ❖ After using emergency contraceptive pills
- ❖ Not breastfeeding: May start 3 weeks after giving birth
- ❖ Breastfeeding: May start 6 months after giving birth
 - 👉 If breastfeeding fully, has no menses and baby is less than 6 months old

How to take and Missed Pills

- ❖ Take one pill every day
- ❖ **If 1 or 2 active pills are missed**
 - a) Take missed pill as soon as remembered
 - b) Keeping in taking other on schedule
 - c) No back up method needed



The Pill

How to take and Missed Pills

Miss 3 or more active pills or start pack 3 or more days late

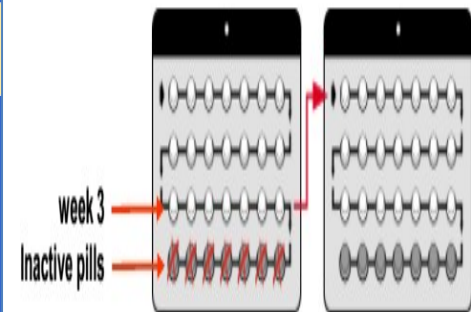
- Take first missed pill as soon as you remember
- Continue daily pill taking as usual and use backup method or abstain for next 7 days
- Count number of active pills remaining in pack

7 or more active pills left in the pack

- Finish active pills
- Take hormone-free break

Fewer than 7 active pills left in the pack

- Finish active pills
- Discard inactive pills
- Start new pack immediately

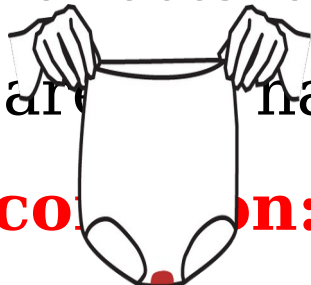


Possible Side-Effects

- ❖ She may have some side-effects which are not signs of illness
- ❖ Many women do not have any side-effects
- ❖ Side-effects often go away after a few months



❖ Nausea
(upset
stomach)



❖ Changes
bleeding
patterns
(lighter,
irregular,



in
❖ Mood
changes or
headaches



❖ Breasts
tenderness



❖ Dizziness
❖ Chloasma
❖ Acne



❖ Slight
weight gain
or loss

Progesterone only pills/ POPs

- ❖ 28 pill pack, 1 pill to be taken daily
- ❖ Also called mini-pills
- ❖ Good choice for BF mo



POPs ...cont'd

❑ Mechanism of action:

- Similar to COCs

❑ Characteristics:

- Contains no estrogen
- Doesn't affect breast feeding
- May cause irregular uterine bleeding
- Extra contraceptive method required if taken
3 hours apart
- Higher pregnancy rate

Emergency contraceptive

- ❖ used to prevent unintended pregnancy following an unprotected sexual intercourse
- ❖ Can be taken during the first 72hrs after sex , can be used up to 5 days

- **Types of EC**

- ❖ Emergency contraceptive pills or “morning-after pill” or “post-coital contraception”
 - COC or POP
- ❖ Copper-releasing IUDs

Emergency contraceptive cont...

- **Mechanism of Action**

- ❖ Delay or inhibit ovulation: the principal mechanism

- ❖ Prevent implantation

- ❖ Prevent transport of the sperm and ovum

- NB

- ❑ ECPs are not effective once implantation has occurred

- ❑ ECPs do not interrupt or abort an established pregnancy

Safety and effectiveness

❑ Safety

- ❖ ECP are considered very safe
- ❖ Not associated with fetal malformation/ congenital defect
- ❖ Do not increase the possibility of ectopic pregnancy

❑ Effectiveness

- ❖ Reduce probability of becoming pregnant
- ❖ Most effective if taken within 3 days (or 72 hours)

Who can use EC?

- ❖ When there is a contraceptive accident/ misuse
 - Condom rupture, slippage or misuse
 - IUCD expulsion
 - **Three** COC missed consecutively and late for DMPA injection by **≥ 4 weeks**
 - POP contraceptive pill taken **3 or more** hours late
 - Failure of a spermicidal to melt before intercourse
 - Failed coitus interruptus (withdrawal)
 - Diaphragm dislodgement or early removal

ECP regimen

1. Progesterone only pills

- ❖ Pills containing 0.75mg levonorgestrel: two pills BID
- ❖ Pill containing 1.5mg levonorgestrel: one pill after unprotected intercourse
- ❖ Pills containing 0.03mg levonorgestrel : 20 pills for the 1st and 2nd dose

2. Combined OCP/ Yuzpe's method

- ❖ High dose pills containing 50 µg of ethinyl estradiol & 0.25mg levonorgestrel
 - 4 pills for the 1st and 2nd dose after unprotected with in 5 days (BID)
- ❖ Low dose pills containing 30 µg ethinyl oestradiol & 0.15 mg of levonorgestrel
 - 4 pills for the 1st and 2nd dose

Copper-Releasing IUDs

- ❖ It can be used within 5 days of unprotected intercourse as EC
- ❖ Failure rate: <1% of women become pregnant

Injectables

- ❖ Progesterone only
- ❖ Given once every three months
- ❖ Up to 99% effective
- ❖ Has a grace period of 4 weeks and
- ❖ Delays fertility for an average of 9 months



Injectables ...cont'd

- ❑ Mechanism of action: Similar to COCs

- ❑ Characteristics:

- Independent of coitus
- Independent of daily activity
- May cause irregular uterine bleeding or Amenorrhea
- Delay in fertility after discontinuation
- Need for injection
- May cause weight change, headache, dizziness and fatigue
- Depression & Breast tenderness

Injectables ...cont'd

❑ **When to start it/ Depo - Provera**

- ❖ Women of any age and parity
- ❖ Start first 7 days after LMP
- ❖ Any time reasonably sure woman not pregnant
- ❖ Immediate PP if not BF; or 6th week PP if BF
- ❖ Immediately after abortion

Injectables ...cont'd

- **Who should not use it?**

- ☐ Women with:

- ❖ Pregnancy

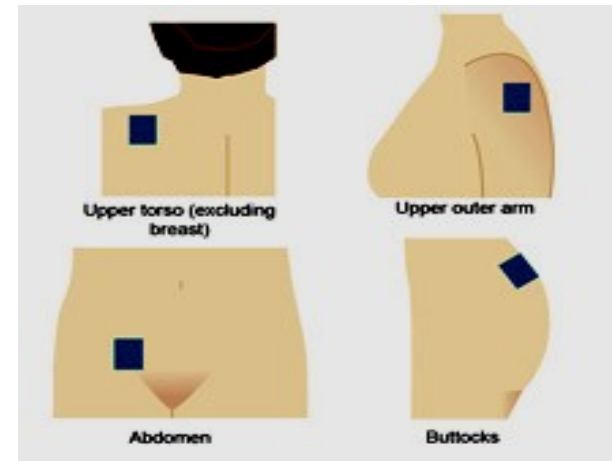
- ❖ Breast cancer

- ❖ Unexplained vaginal bleeding

E. Hormonal patch

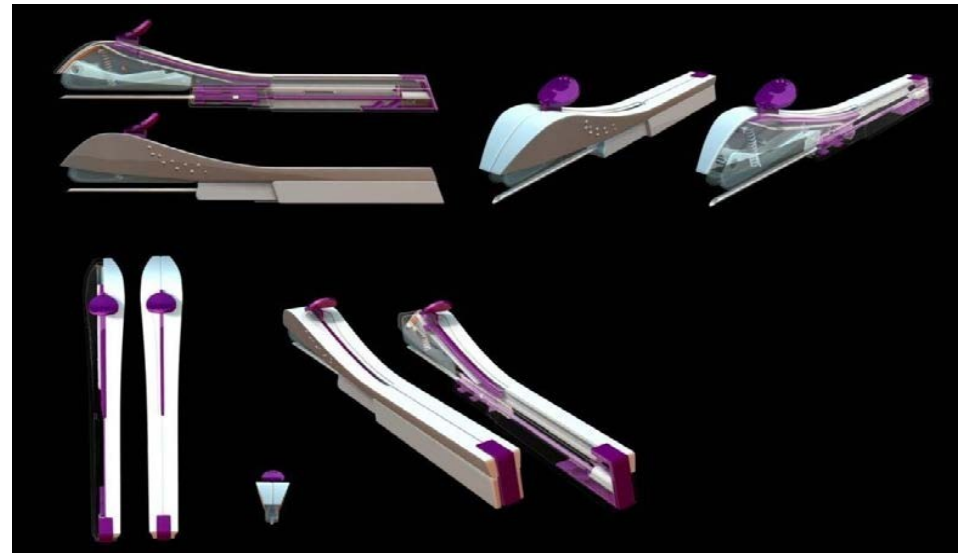


- ❖ Is hormonal method
- ❖ Thin patch placed on fatty tissue for three weeks each month
- ❖ + 99% effective
- ❖ Possible Side Effects:
 - Mood swings, blood clots, nausea, irregular menstrual bleeding, and weight gain



Long acting Implants

- ❖ Are Small flexible rods placed under the skin of inner upper arm
- ❖ Contain progestin only
- ❖ Suitable for breast feeding mothers
- ❖ Long acting
- ❖ Over 99% effective



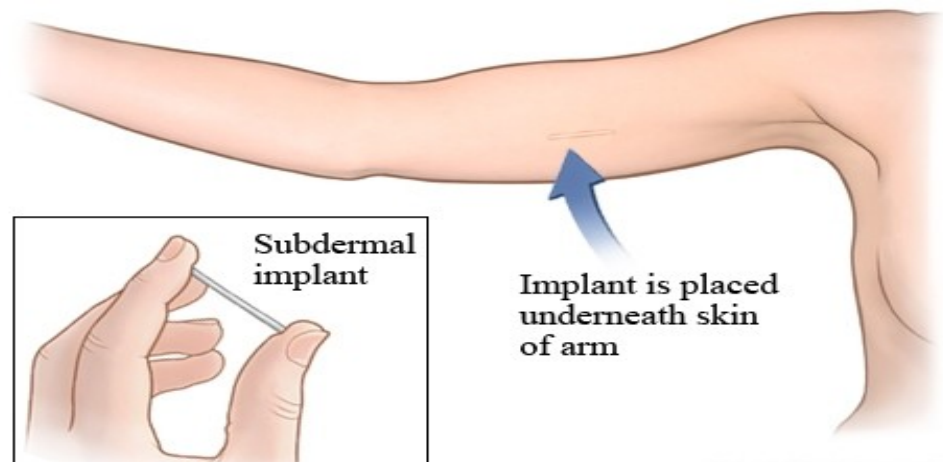
Types of Implant:

- **Jadelle**: 2 rods 75 mg of **Levonorgestrel**, effective for 5 years
- **Implanon**: 1 rod 68mg of **Etonogestrel** effective for 3 years
- **Sino plant**: 2 rods, effective for 4 years
- **Norplant**: 6 rods, effective for

Implants...cont'd

Types of implants:

- ❖ Jadelle: 2 rods, lasts 5 years, 75 mg of levonorgestrel
- ❖ Implanon: 1 rod, lasts 3 years, 68 mg of etonogestrel
- ❖ Trust /Sinoplan



Mechanism of Action

- ❖ They continually release a small amount of progestin steadily into the blood
- ❖ The primary mechanisms are:
 - Increased cervical mucus viscosity (within 48-72 hrs)
 - Inhibition of ovulation- in about 50% of menstrual cycles
 - Alters endometrium, making it less conducive for implantation

Implants...cont'd

Characteristics

- ❖ Safe and easy to use
- ❖ Reversible
- ❖ Long acting/3-5 years
- ❖ Highly effective
- ❖ Not motivation dependent
- ❖ Virtually invisible
- ❖ No need for user compliance, Convenient

Implants...cont'd

Characteristics ...cont'd

- ❖ Minimal medical follow-up
- ❖ Side effects resolve immediately upon removal
- ❖ Decreased risk of iron deficiency anemia and PID
- ❖ Stable hormone levels
- ❖ Contain no estrogen

Implants...cont'd

❑ Non-contraceptive health benefits include:-

- ▶ Help prevent ectopic pregnancy
- ▶ Help protect against PID
- ▶ Help prevent iron deficiency anaemia
- ▶ May prevent endometrial cancer
- ▶ May reduce sickle crises in women with sickle cell anaemia

Implants...cont'd

Drug Interaction

❑ Drugs those known to be liver enzyme inducers decrease its effect

❖ **Anti-epilepsy**

❖ **Anti-TBs** (rifampicin)

❖ **ARVs** - NNRTIs and Ritonavir

Implants...cont'd

Side effects and complications

Side effects

- ❖ Changes in bleeding patterns
- ❖ Headaches
- ❖ Breast tenderness
- ❖ Mood changes
- ❖ Nausea

Complications

- ❖ Procedure site problems (early)
- ❖ Bleeding / hematoma
- ❖ Expulsion
- ❖ Infection / cellulites / abscess

When to Initiate Implants

- ❖ Anytime a provider is reasonably certain a woman is not pregnant
- ❖ First 7 days of menstrual cycle (5 days for Implanon)
- ❖ After 7th day of menstrual cycle (5th for Implanon), R/O pregnancy and use backup
- ❖ Postpartum
 - Not breastfeeding: immediately
 - Breastfeeding: delay 6 weeks
- ❖ Post-abortion or miscarriage: immediately
- ❖ Switching from a hormonal method: immediately if it was used

Implants...cont'd

➤ **Contraindications**

- Serious liver disease
- Current DVT
- Unexplained vaginal bleeding
- Breast cancer, current or History
- Cardiovascular disease
- Pregnant
- Smokers

2. Mechanical contraceptives /Barrier method

❖ Are physically stop the sperm from getting to the egg

❖ includes:

- Condoms
- Diaphragm
- Cervical cap
- Vaginal ring
- Sponge

a. Male condom

- ❖ Covers the erect penis
- ❖ A barrier method
- ❖ 86% to 97% effective
- ❖ + Price is affordable
- ❖ + no major side effects concern
- ❖ + Reduces the spread of STD's
- ❖ - some men are allergic to latex
- ❖ - those with spermicide may cause



How to use a male condom



Correct Use of the Male Condom

Open package carefully

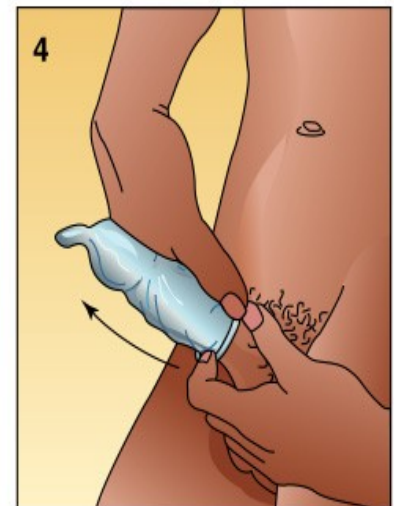
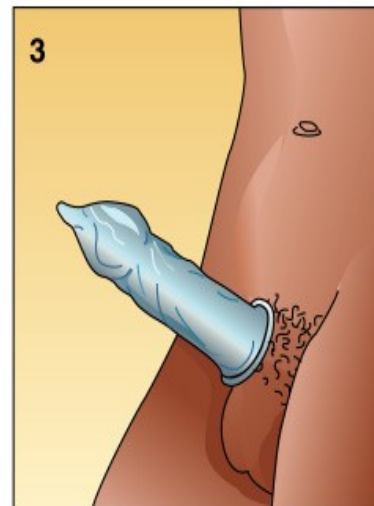
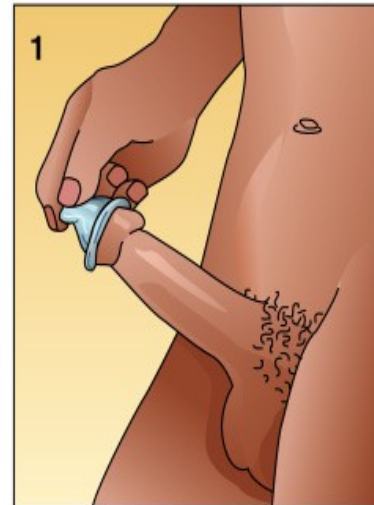


After intercourse, remove penis, while it is still erect, from vagina, holding onto condom

Unroll condom all the way to base of erect penis before genital contact



Dispose of condom properly



b. Female condom

- ❖ A barrier method
- ❖ A thin sheath or pouch worn by a woman during sex
- ❖ Helps to prevent pregnancy and STIs
- ❖ 79% to 95% effective
- ❖ 17 cm (6.5 inches) length
- ❖ Woman could experience reaction or allergy to latex



c. Diaphragm

- ❖ A barrier method
- ❖ Keeps sperm from entering the uterus
- ❖ Can be washed and reused
- ❖ Doesn't protect from STD's
- ❖ Should be replaced every two years



Diaphragm...cont'd

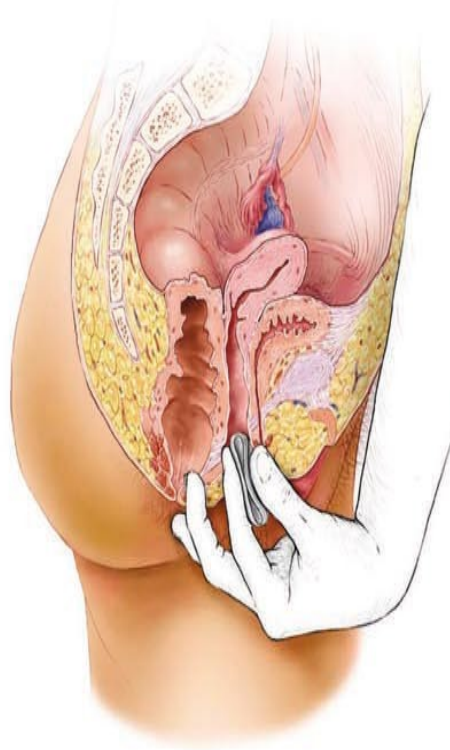
Side Effects:

- ❖ May irritate vagina
- ❖ Allergic reaction
- ❖ Possible risk of Toxic Shock Syndrome
- ❖ + can be used only when necessary
- ❖ + few health problems

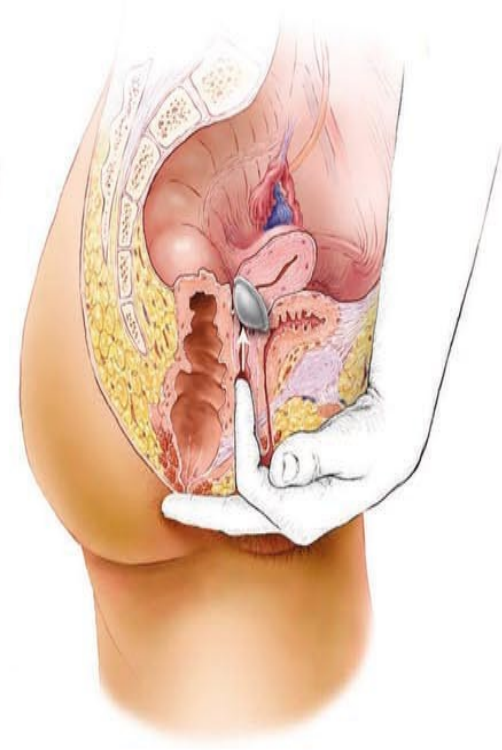
The Proper Use and Placement of a Diaphragm



a. Place spermicide inside and around the rim of the diaphragm.



b. Insertion: squeeze rim together; insert with spermicide-side up.



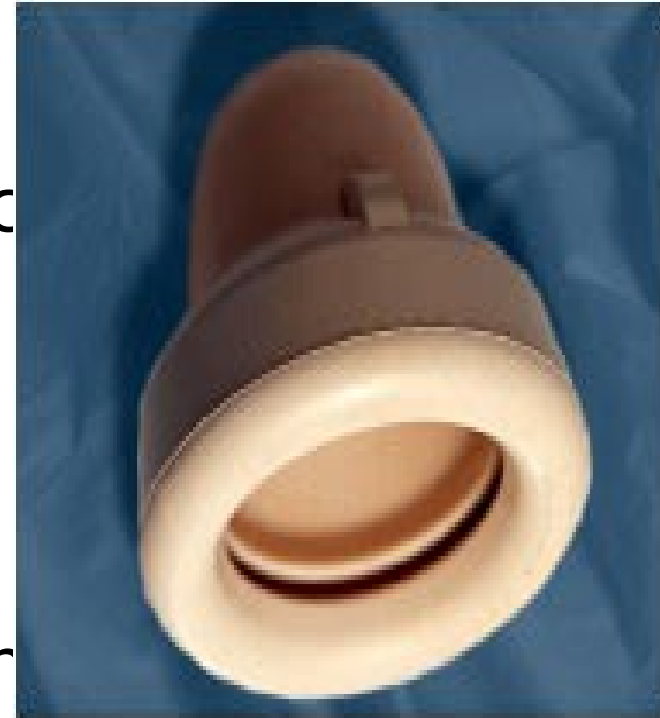
c. Check placement, making certain cervix is covered.

d. Cervical Cap

- ❖ + A barrier method
- ❖ + Blocks the sperm from entering the uterus by covering the cervix
- ❖ + Protection against pregnancy

Side Effects

- ❖ - May irritate vagina
- ❖ - Strong odors or vaginal discharge
- ❖ - Allergic reaction (rare)



e. Nuva ring(vaginal ring)

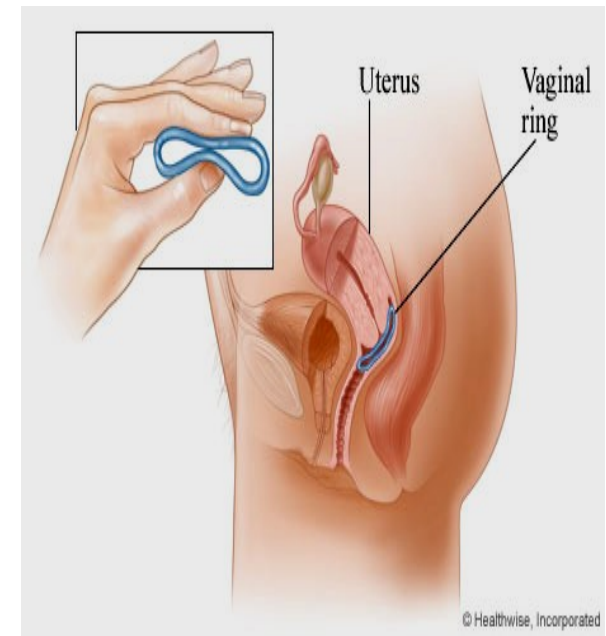


- ❖ Hormonal method
- ❖ Flexible doughnut shaped ring inserted into the vagina where it releases hormones

- ❖ Doesn't protect against STD's

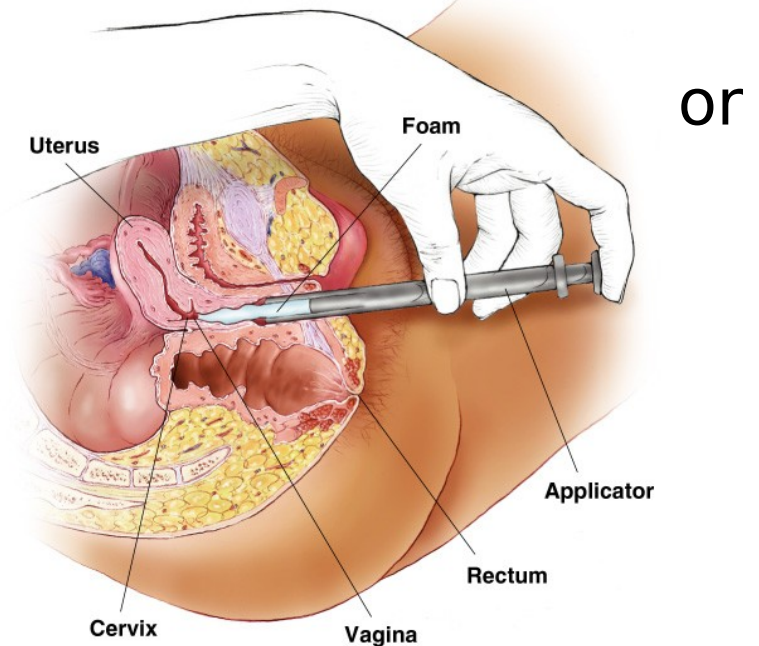
Side Effects:

- ❖ - Irregular menstrual bleeding
- ❖ - May cause mood changes
- ❖ - May cause blood clots
- ❖ - May cause vaginal infections



f. Foams/ spermicides

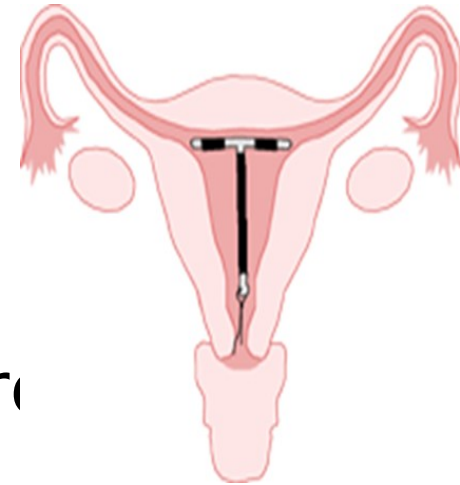
- ❖ Hormonal method
- ❖ Foams, creams, gels and suppositories may cause allergic reactions
- ❖ 72% effective
- ❖ Should be used with a co cervical cap
- ❖ + no major health complicatio
- ❖ + easy to use and carry
- ❖ + may use only when needed
- ❖ - can be messy/dirty



• Applying Spermicide within the Vagina

g. IUCD

- ❖ Small flexible device made of metal and/or plastic, placed in the uterine cavity
- ❖ Is barrier method
- ❖ Placed into the uterus to prevent pregnancy
- ❖ Release copper or hormone
- ❖ Last ten to 12 years
- ❖ Is one of the most effective contraceptive methods (99.2%-99.9%)



Types of IUCD

1. Inert

- Lippes loop
- Dalkon shield
 - Associated with higher risk of PID

2. Medicated

- Progesterone

3. Copper-bearing

- Copper coated/ Cu IUD

Progesterone containing IUCD

1. Progestasert

- Contains 38mg of natural progesterone
- Supplies $\sim 65\mu\text{g/d}$ into the uterine cavity for 1 yr

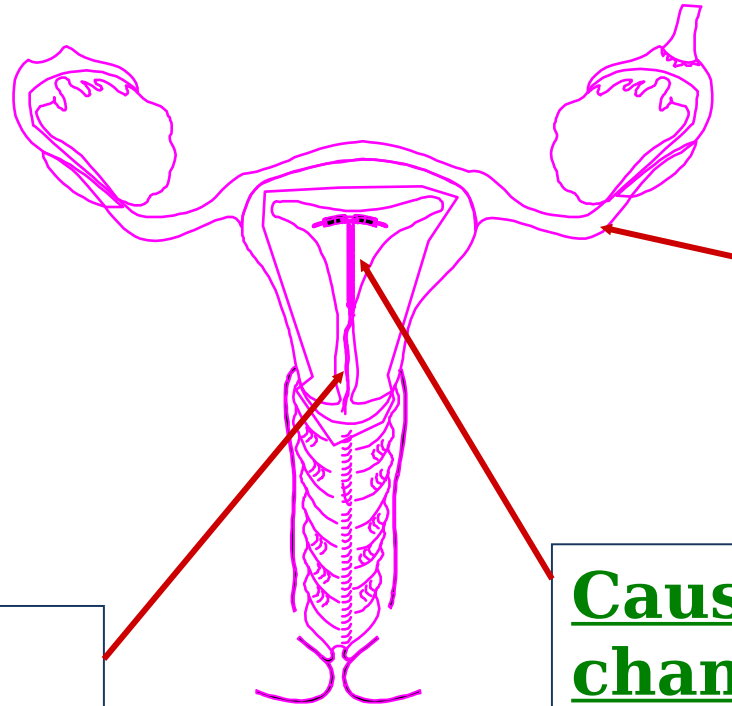
2. Levonorgestrel (LNg 20-IUD)

- Also called Mirena®
- Contains 52mg of LNg
- Releases $20\mu\text{g}$ of LNg daily
- Serves for 5 yrs



Mirena® IUD Reproduced with permission from Berlex Laboratories. Copyright© Berlex Laboratories.

Progesterone releasing IUCDs: Mechanisms of Action



Thicken
cervical mucus
& prevent
sperm

transportation

Affects
tubal
motility &
interferes
with ovum

Cause atrophic
change to the
endometrial
lining

Parts of IUCDs (CU-T 380A)

Copper sleeve
($33\text{mm} \times 2 = 66\text{mm}^2$)

Copper
wire
(314mm^2)

Arms
(Rt./Lt.)

Stem

String/
Thread



Main frame: T shaped, flexible and containing Polyethylene with barium sulfate

Copper (Cu) containing IUCD

There are different types

- **Cu T 380A- is widely available in Ethiopia**
- Multi-load 250
- Multi-load 375
- Nova T
- Cu T 200 & 220
- Cu 7, etc

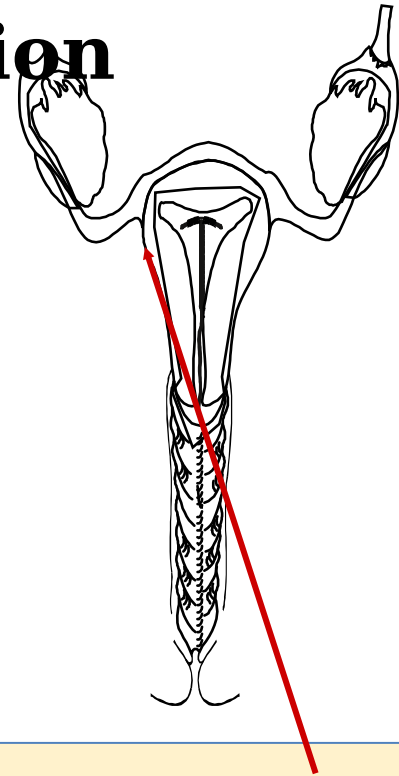
Mechanisms of Action

❖ Principal mechanism: Sterile foreign body reaction → hostile environment → **prevent fertilization** by affecting sperm motility

➤ Inhibits sperm/ovum migration

❖ Interfere with fertilization

❖ Effect of progesterone,



Inflammatory

Reaction : create hostile env't for sperm motility/transport +

Characteristics of IUCDs

- ❖ Safe for most women
- ❖ Immediate effectiveness and reversible
- ❖ May be safely used by lactating and postpartum women
- ❖ Good choice for older women with COC precautions
- ❖ Long duration of use
- ❖ Can be inserted on the day of visit
- ❖ No routine follow up visit is required after insertion
- ❖ Does not interact with medications
- ❖ Does not protect against STIs/HIV

Characteristics of IUCDs...cont'd

- ❖ Comparable in safety, effectiveness to female sterilization
- ❖ Risk of PID very small , even in high STI settings
- ❖ Does not increase risk of infertility
- ❖ Safe for women with no children
- ❖ Safe (and a good choice) for HIV-infected women who don't desire pregnancy

Characteristics of IUCDs...cont'd

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Who Can Use IUCDs

- ❖ Safely used by woman who:
 - Has a healthy reproductive tract
 - Wants to delay, space or limit child birth
 - Have precaution(s) for hormonal methods
 - Breastfeeding
 - Immediately postpartum
 - Post abortion
 - HIV positive
 - Are at low or no individual risk for STI

Who can not use IUCDs

- ❖ Pregnancy (known or suspected)
- ❖ Unexplained vaginal bleeding
- ❖ Post partum between 48hrs-4wks
- ❖ Current pelvic infection (puerperal, post abortal, TB & STI)
- ❖ GTD or cervical/endometrial cancer
- ❖ Uterine cavity distortion (myoma or congenital)
- ❖ AIDS cases???

Timing of insertion

- ❖ Any time if it is reasonably certain she is not pregnant
- ❖ Optimal times for insertion are:
 - Within 12 days from onset of menstrual bleeding
 - Immediately or within 12 days after abortion (if no infection is present)
 - If <48 hours post partum or > 4 weeks
- ❖ Switching from another method
- ❖ For emergency contraception

Timing for IUCD Removal

- ❖ At any time during the menstrual cycle
- ❖ Anytime the client requests for any reason
- ❖ Evidence of uterine perforation
- ❖ Known or suspected pregnancy
- ❖ Partial expulsion- may be replaced with a new one
- ❖ Persistent side effects or other health problems
- ❖ When IUCD has been in utero for its effective life-
- ❖ Severe pain or server bleeding with marked anemia

IUCD side effects and complications

- ❖ No serious side effects and complications
- ❖ Side effects may include:
 - Cramping
 - Prolonged and heavy menstrual bleeding
 - Irregular bleeding

IUCD side effects and complications...cont'd

❖ Complications may include:

- Syncope/bradycardia, vasovagal episode during insertion (fainting, becoming dizzy, or lowered heart rate during insertion)
- Possible anemia
- Missing strings
- Expulsion of IUCD
- Pelvic inflammatory disease

Permanent Methods of Family Planning

- Surgical sterilization is a safe, highly effective, permanent, and convenient form of contraception.
- Voluntary surgical contraception is a permanent contraceptive method includes:
 1. Tubal ligation → for women
 2. Vasectomy → for men
- It is intended to be an irreversible method
 - **Therefore repeated and thorough counseling is essential to minimize regret in the future.**

Tubal Ligation/Female Sterilization

cont...

- Works because the fallopian tubes are blocked or cut.
- Eggs released from the ovaries cannot move down the tubes, and so they do not meet sperm.
- Fertility does not return because sterilization generally cannot be stopped or reversed.
- Reversal surgery is difficult, expensive, and not available in most areas.
- **Indicated for :**
 - Family planning purposes after having the desired number of children
 - Medico-surgical indications (therapeutic)

Mini laparotomy vs Laparoscopic



Timing to perform TL

- If there is **no medical reason to delay**, a woman can have the TL procedure any time she wants if it is reasonably certain she is not pregnant.
- Any time within 7 days after the start of her monthly bleeding.
- Switching from another method
- After childbirth (Immediately or within 7 days after giving birth or any time 6 weeks or more)
- Within 48 hours after uncomplicated abortion

Advice after procedure

- 2-3 days rest
- No heavy lift for a week
- No sex for a week
- To come any time she perceive problem

Complications

- Infection or bleeding at the incision
- Internal infection or bleeding
- Injury to internal organs
- Anesthesia risk (general anesthesia)
- Risk of ectopic pregnancy in case of failure
- Very rarely, death due to anesthesia overdose or other complication

Vasectomy

- Vasectomy is the most effective available mode of male contraception.
- Also called male sterilization and male surgical contraception.
- Segment of vas deferens of both sides are resected and cut ends are ligated
- Is typically performed in an outpatient setting under local anesthesia.
- Compared to tubal ligation, vasectomy is safer, less costly, and has a significantly shorter post-procedure recovery time.

After the Procedure

- Rest for 2 days if possible.
- Wear snug underwear or pants for 2 to 3 days to help support the scrotum (lessen swelling, bleeding, and pain)
- Keep the puncture/incision site clean and dry for 2 to 3 days.
- Not have sex for at least 2 to 3 days.
- Use condoms or another effective family planning method for 3 months after the procedure.
- **Follow up:**
 - Ask him to return in 3 months for semen analysis, if available
 - Come back any time for any reason

Complications

- Uncommon to rare:
 - **Severe scrotal or testicular pain** that lasts for months or years.
- **Infection** at the incision site or inside the incision (very rare with no-scalpel technique).
- **Bleeding** under the skin that may cause swelling or bruising (hematoma).