

contraception

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- Contraception=against conception
- The preventive methods to help women avoid unwanted pregnancies are called contraceptive methods.



Need for contraception

- To avoid unwanted pregnancies
- To regulate the timing of pregnancy
- To regulate the interval between pregnancy

Ideal contraceptive???

- Safe
- Effective
- Acceptable
- Reversible
- Inexpensive
- Long lasting
- Requires little or no medical supervision

Expanding Methods Mix



Contraceptive methods

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graph TD; A[Contraceptive methods] --> B[Spacing methods]; A --> C[Terminal methods];
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Spacing methods

- 1)Barrier
- 2)IUDs
- 3)Hormonal
- 4)Emergency contraception

Terminal methods

- 1)Male fertilisation
- 2)Female fertilisation

Barrier methods

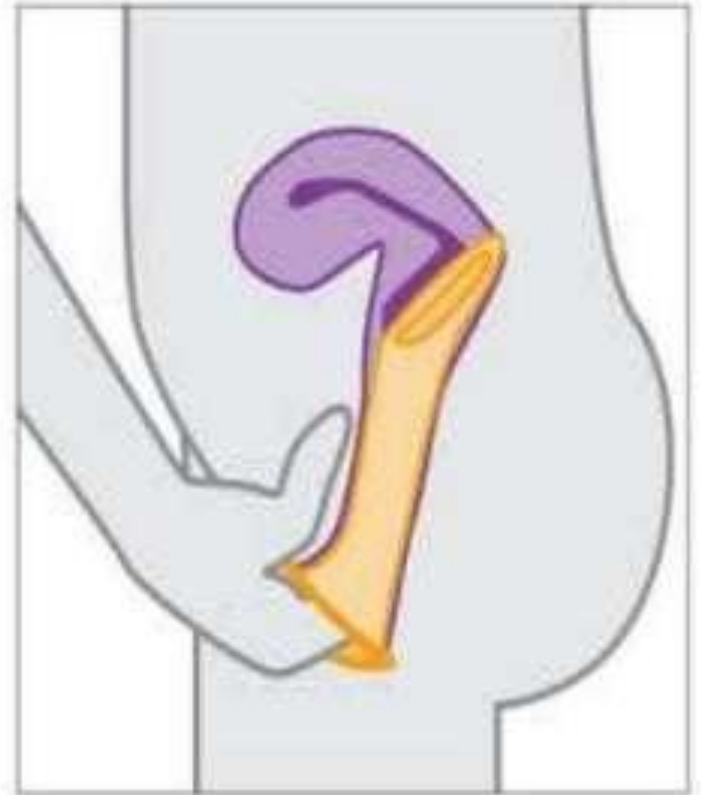
- Male condoms
- Female condoms
- Diaphragm
- Spermicides

Male condom

- Most commonly known and used contraceptive
- Better known in India as NIRODH



Female condom



Diaphragm



Various birth control methods, such as the diaphragm and spermicide, prevent sperm and egg from meeting.

spermicides

- Spermicides are surface active agents which attach themselves to spermatozoa and kill them.
- Available in various forms like
 1. Foams
 2. Creams
 3. Suppositories
 4. Soluble films

Intra uterine devices

- 1st generation:
 - Inert/non-medicated devices
 - Eg:lippes loop(left as long as required)
- 2nd generation:
 - Metallic IUDs
 - Cu-T380 A(10 years)
 - Nova T(5 years)
 - Multiload devices
- 3rd generation:
 - Hormonal IUDs
 - progestasert(2 years)
 - Mirena(LNG-20)(10 years)



- Contraindication
- Timing: At the time of menstruation
post partum, post puerperal

Side effects: 1) bleeding

2) pain

3) PID

4) perforation of uterus

5) Ectopic pregnancy

Hormonal contraceptives

- Combined pill:

- combination of estrogen and progestogen
- MALA-N, MALA-D (0.15mg levonorgestrel & 0.03mg ethinyl estradiol)

- Progestogen only pill

- used in people above 40 years of age & CVS problem

- Post coital contraception:

- Levonorgestrel
- Ullipristal
- Mifepristone



Adverse effects

- Cardiovascular effects
- Carcinogenesis
- Metabolic effects
- Liver adenomas
- Weight gain
- Breast tenderness

Depot formulations

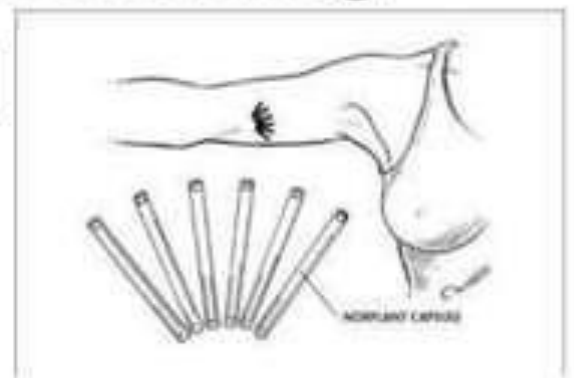
- Injectables:

DMPA-150 mg IM inj every 3 mo



- Subdermal implants:

Norplant-6 silastic capsules, each containing
35 mg of levonorgestrol
-protection for 5 years



misc

- Abstinence: only method that is 100% effective
- Coitus interruptus
- Rhythm method
- BBT
- Cervical mucus
- Symptothermic method

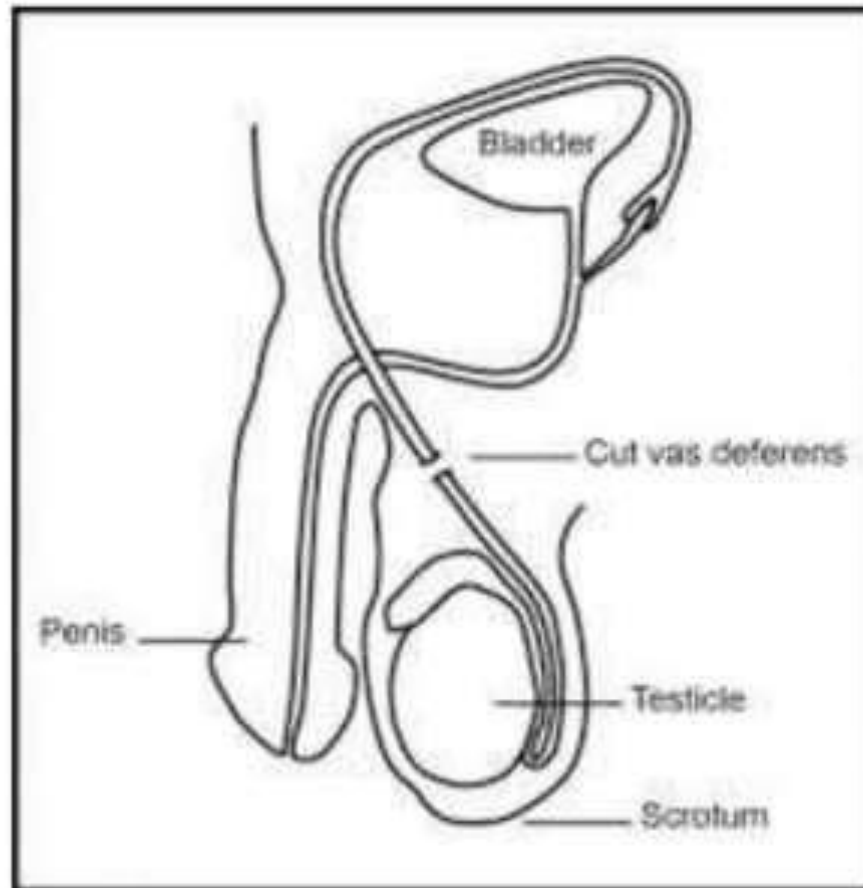
Terminal methods

- Permanent methods
- One time method

-Guidelines

- Husbands age:25-50 years
- Wife's age:20-45
- 2 living children at the time of operation

Male sterilisation



Male sterilisation

- Complications:
- Operative
- Sperm granules
- Spontaneous recanalisation
- Psychological

Post op advice:

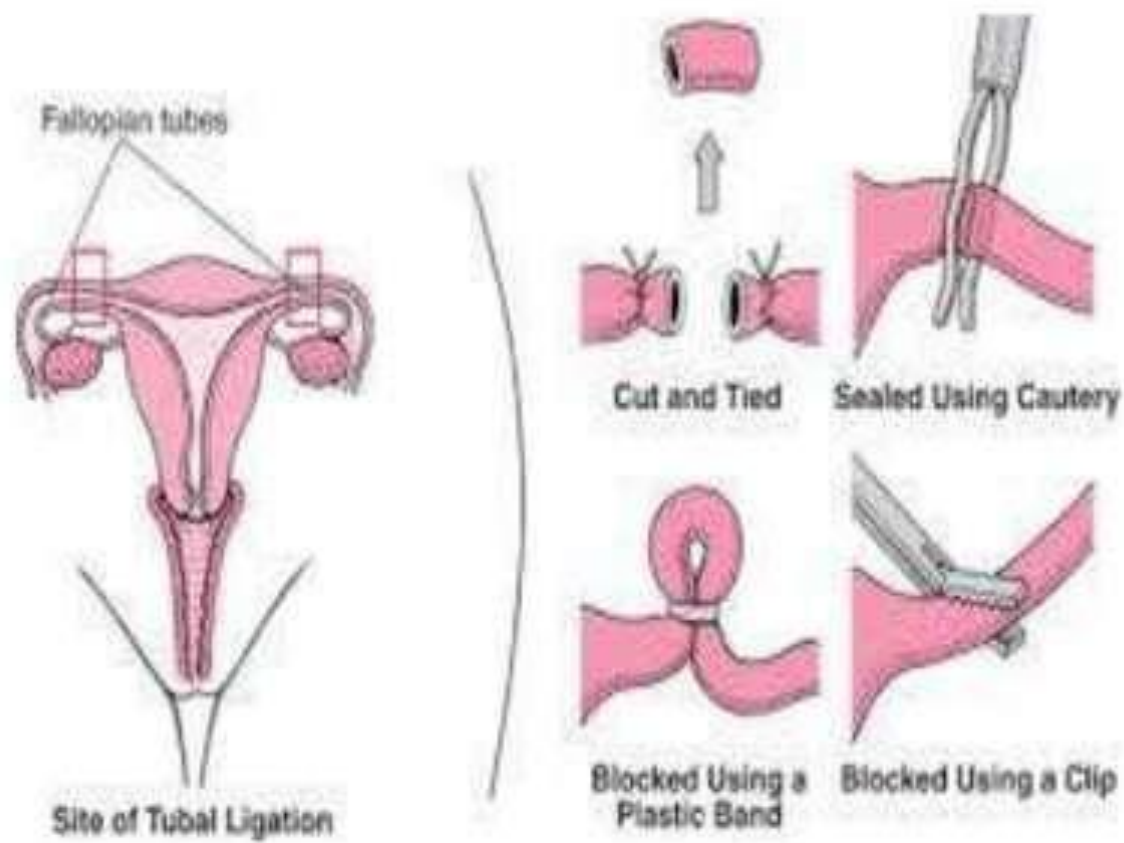
Not sterile till 30 ejaculations

Avoid bathing till 24 hours of operation

Avoiding heavy weights and wearing a langot

Female sterilisation

- Laparoscopy
- Mini lap



Evaluation of contraceptive methods

- Pearl index:

-failures per 100 women years of exposure

$$\text{Pearl index} = \frac{\text{total accidental pregnancies} \times 1200}{\text{total months of exposure}}$$

Life table analysis: failure rate for each month of use. then the cumulative rate is found out

Family planning in india

- India was the first country in the world to have launched a National Programme for Family Planning in 1952.
- Over the decades, the programme has undergone transformation in terms of policy and actual programme implementation and currently being repositioned to not only achieve **population stabilization** goals but also promote **reproductive health** and reduce **maternal, infant & child mortality and morbidity**

Whom to target???

- Eligible couple:
 - Currently married couple where in the wife is in the reproductive age (15-45 years)
- Unmet need of contraception:
 - Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child.
 - The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour
 - Lack of awareness and accessibility

UNMET NEED OF CONTRACEPTION

	Urban	Rural	Total	NFHS 3
INDIA	12.1	13.2	12.9	13.9
MP	13.5	11.6	12.1	12.1

Table 1.1: Data showing the unmet need of contraception in people of INDIA and MP(NFHS 4)

Initiatives

- Doorstep delivery of contraceptives
- Incentives for ASHA and people for spacing the pregnancies
- Incentives for ASHA and people for permanent sterilisation
- Awareness programs for birth spacing and contraception

Family planning method	Service provider
IUCD 380 A and Cu IUCD 375	Trained & certified ANMs, LHVs, SNs and doctors
Combined Oral Contraceptive (Mala-N)	Trained ASHAs, ANMs, LHVs, SNs and doctors
Condoms	Trained ASHAs, ANMs, LHVs, SNs and doctors
Emergency Contraceptive Pill (Ezy Pill)	Trained ASHAs, ANMs, LHVs, SNs and doctors
Minilap	Trained & certified MBBS doctors & Specialist Doctors
Laparoscopic Sterilization	Trained & certified MBBS doctors & Specialist Doctors
NSV: No Scalpel Vasectomy	Trained & certified MBBS doctors & Specialist Doctors

- Thank you