

Family Planning

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La1 163(1)



Family Planning

Definition

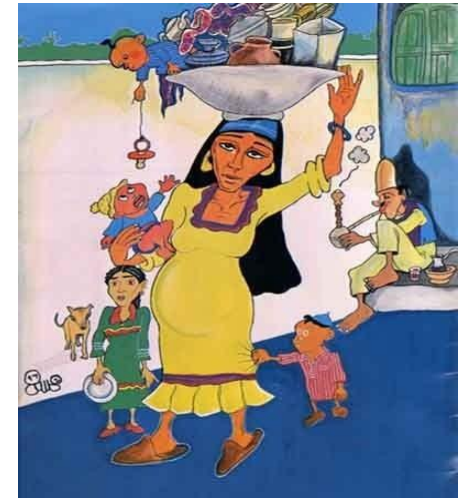
According to WHO in 1971 it is defined as "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country"



Objectives of family planning

Family planning refers to certain objectives;

- To avoid unwanted births
- To bring about wanted births
- To regulate intervals b/t pregnancies
- To control the time of birth in relation to the age of parent
- To determine the number of children in the family



Scope of family planning services



Family planning is not mere birth control and by WHO expert committee it includes ;

- the spacing and limitation of birth
- advice on sterility
- education for parenthood,
- marriage counseling
- genetic counseling
- providing adoption services



Two Years Apart Is Baby Smart



New! Medicaid Family Planning Waiver Program
Sponsored by the State of Florida

Eligible couples

An "eligible couple" is a newly married couple wherein the wife is in the reproductive age between 15 and 45 years.

Target couples

The term target couples was applied to couples who have had 2-3 living children, or even newly married couples to make them accept the idea of family planning from the earliest possible stage.



CONTRACEPTIVE METHODS

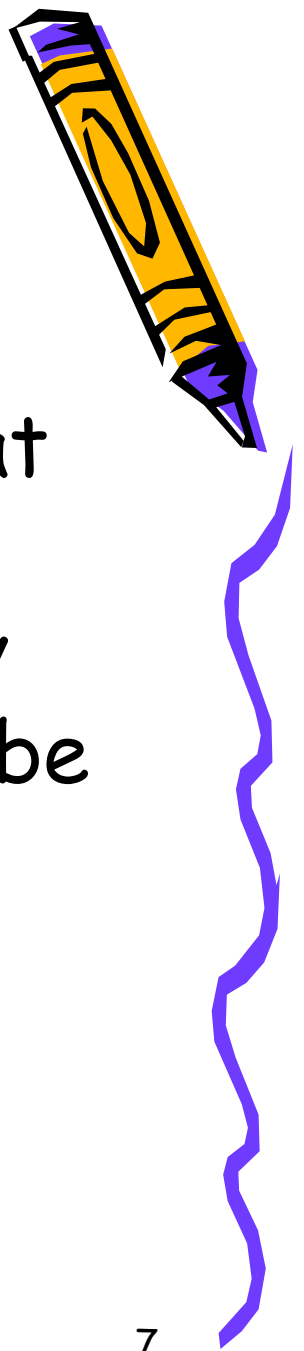
Definition :

By definition, these are preventive methods to help women avoid unwanted pregnancies. They include all temporary and permanent measures to prevent pregnancy resulting from coitus.



Ideal contraceptive

- The term "ideal contraceptive" that is safe, effective, long lasting, inexpensive, acceptable, these may be suitable for one group and may be unsuitable for another. Now this approach is replaced and family planning programs provide a "cafeteria choice".



Classification of contraceptive methods

I. SPACING METHODS

Barrier Methods

Intrauterine Devices

Hormonal Methods

Post Conceptional Methods

Miscellaneous

Physical Methods

Chemical Methods

Combined Methods

II. TERMINAL METHODS

Female sterilization

Male sterilization

Classification

Contraceptive methods are classified as follows:

1. Spacing methods

i. Barrier Methods

a) Physical methods

1) condoms/male and female

2) Diaphragm(female)

3) vaginal sponge

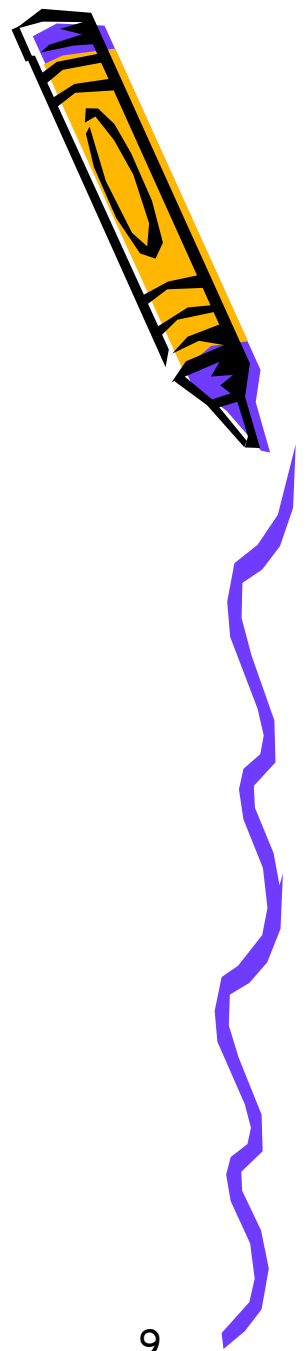
b) Chemical method

Foams: tablets, aerosols

Creams, jellies, and pastes.

Suppositories_ inserted manually

Soluble films_ C_film .



Combined methods

Combination of physical and chemical methods.

ii. Intra- utrine devices

Types of IUCDs:

Non-medicated includes :

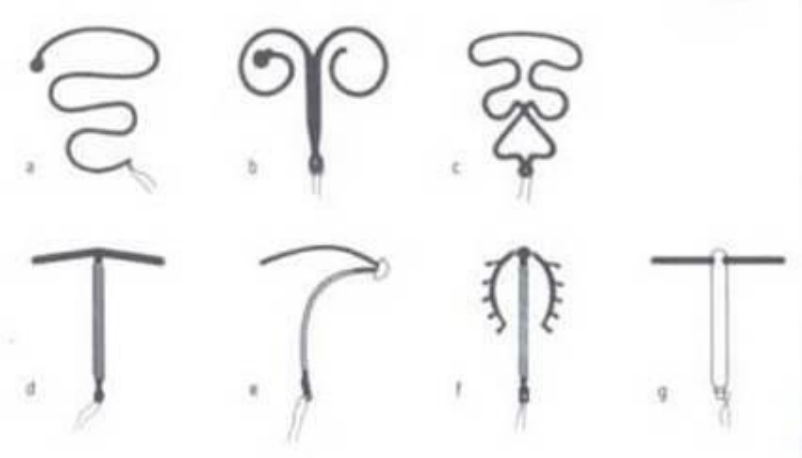
Lippes loop

Medicated IUCDs includes:

copperT and multiload

Hormone releasing IUCDs are:

progestasert and levonornestrel



iii. Hormonal Contraceptives

May be classified as follows:

A. Oral pills

1. Combined pills
2. Progestogen only pill (POP)
3. Post- coital pill
4. Once - a- month (long - acting) pill
5. Male pill

B. Depot(slow release) formulations

1. Injectables
2. Subcutaneous implants
3. Vaginal rings



iv. Post-conceptual methods

These include:

1. Menstrual regulation

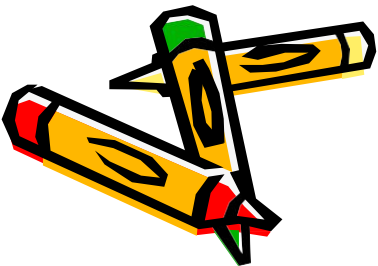
consists of aspiration of the uterine contents 6 to 14 days of a missed cycle.

2. Menstrual induction

based on disturbing the normal physiology of uterus by adding 1-5 mg of prostaglandin F₂.

3. Abortion

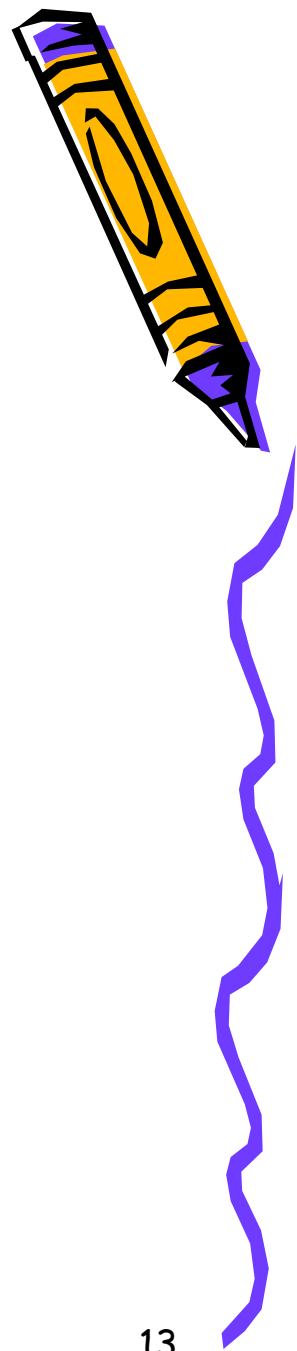
It is the termination of pregnancy before the foetus become viable till 28 w



v. Miscellaneous methods

Includes:

1. Abstinence
2. Coitus interruptus
3. Safe period (rhythm method)
4. Natural family planning method
5. Breast feeding
6. Birth control vaccine



2. TERMINAL METHODS (Sterilization)

Male sterilization or vasectomy

Female tubal ligation



Choose best contraceptive for



- A) ~~21 yrs old~~ ~~single~~ ~~unmarried~~ married woman presents to your clinic after having unprotected coitus last night. **What method/s that you can use in this woman as post-coital contraceptive method/s.**
- B) A 35 yrs old **healthy** woman with two children aged 3 & 5 yrs requests an emergency contraceptive after unplanned coitus 4 days ago. **Name a method that you would offer this woman.**

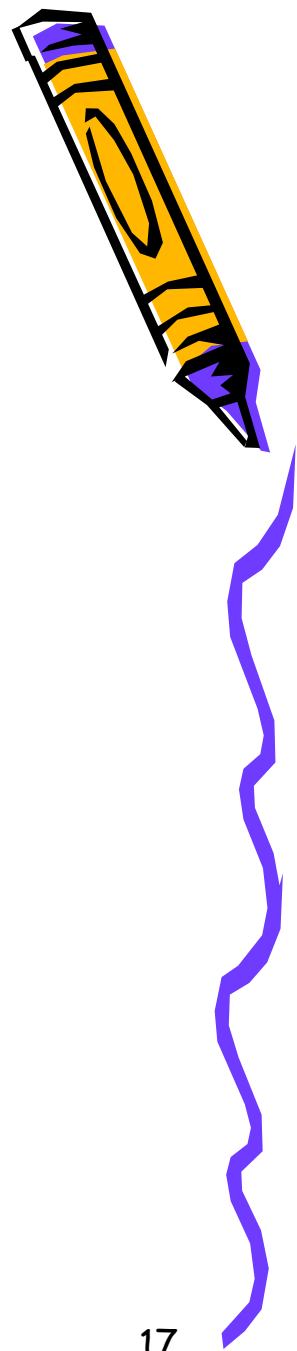


key

- A) post-coital pill containing levonorgestrel 0.75mg 12 hrs apart **within 72 hours** of unprotected coitus.
- B) Insert an IUCD. Best **within 5 days** of unprotected coitus.

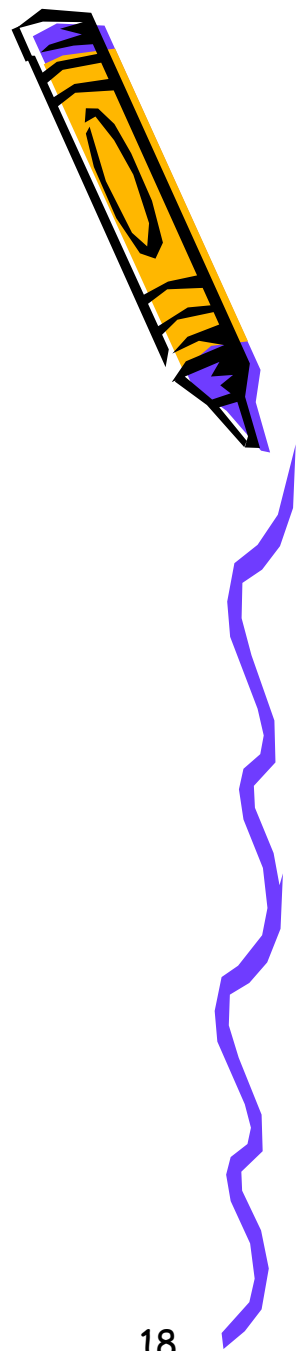


How would you confirm that she is an ideal candidate for IUCD?



An ideal candidate for IUCD should have

- At least one child
- No history of pelvic disease
- Normal menstrual period
- Willingness to check IUCD tail
- Access to follow-up
- A monogamous relationship

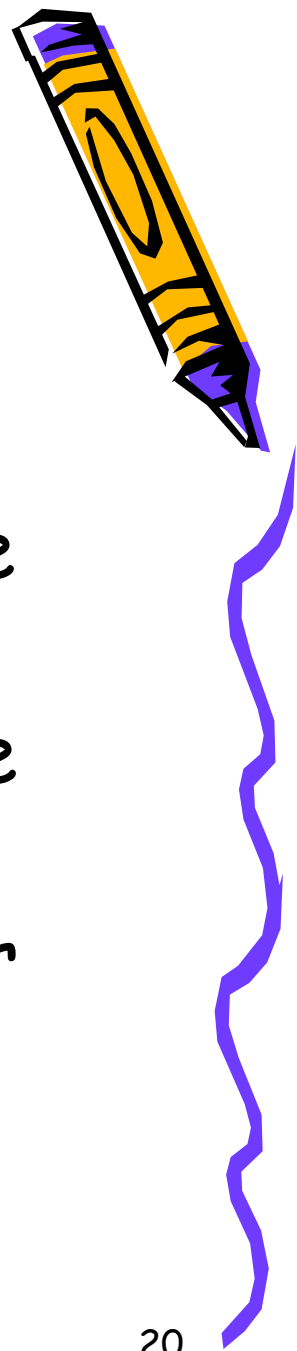


Scenarios ...



- A 30-year-old married woman having positive history of **Deep Vein Thrombosis** during last pregnancy came for family planning advise. Her menstrual cycle is regular and have three children 2, 5 and 7 years of age. Choose best contraceptive for her.





- A 30-year-old married woman, suffering from **hypertension**, came for family planning advise. Her menstrual cycle is regular and have three children 2, 5 and 7 years of age. Choose best contraceptive for her





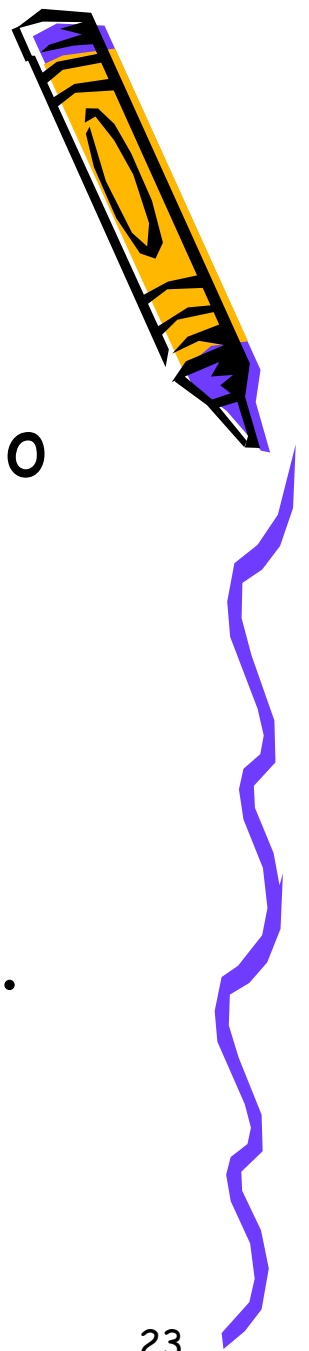
- A 30-year-old married woman having positive history of **Ischemic Heart disease** came for family planning advise. Her menstrual cycle is regular and have three children 2, 5 and 7 years of age. Choose best contraceptive for her





- A 30-year-old married woman having positive history of hyperlipidemia came for family planning advise. Her menstrual cycle is regular and have three children 2, 5 and 7 years of age. Choose best contraceptive for her.



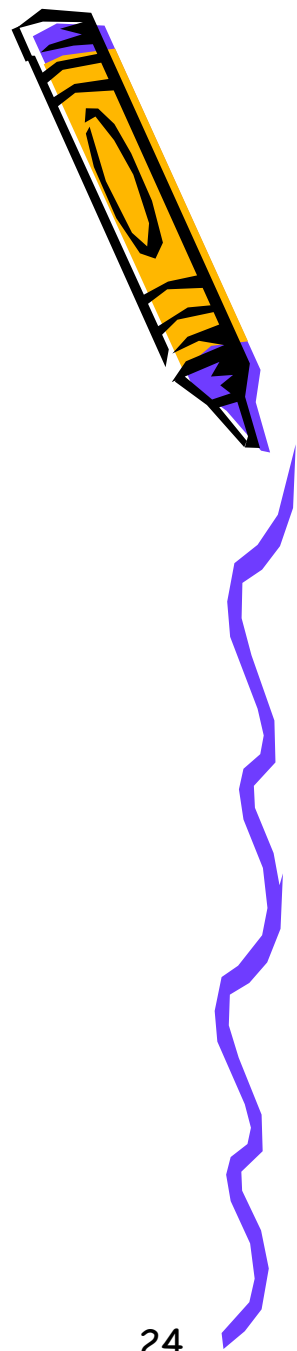


- A 36-year-old married woman, who is healthy and have a regular menstrual cycle, came for family planning advise. She has three children 2, 5 and 7 years of age. Choose best contraceptive for her.

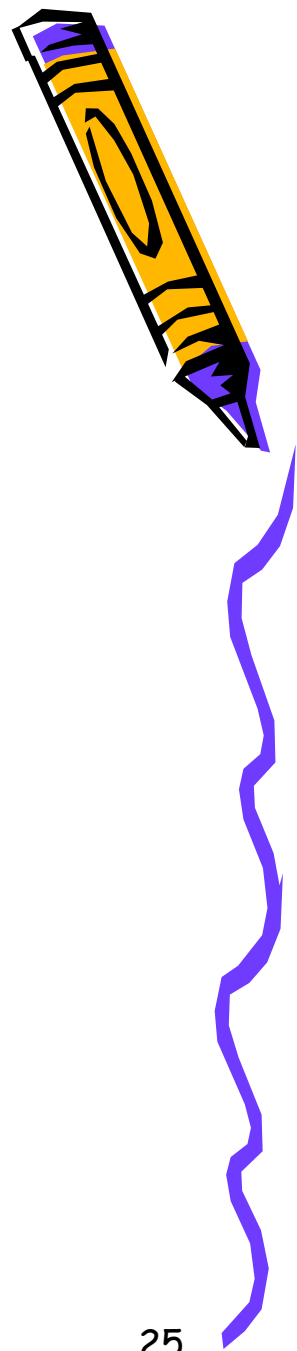


key

- For all these woman OCP is contraindicated.
- They are all best candidates for IUCD insertion.



So! remember to rule out
the contraindications for
OCP



Contraindications for OCP

Absolute:

- CA Breast, CA genitalia
- Liver disease
- Hx of thromboembolism
- Cardiac problems
- Hyperlipidemia
- Undiagnosed abnormal uterine bleeding

Special conditions:

- Age over 35
- Smoking
- Epilepsy
- Diabetes
- Chronic renal disease
- Migraine
- Nursing mothers first six months



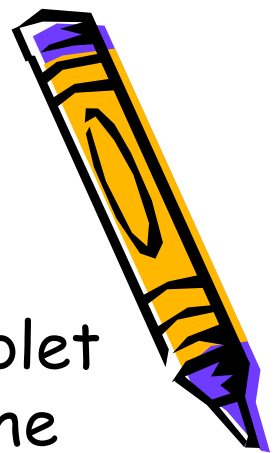
Question

- 30 yrs old female who is on OCP has forgotten to take her last two pills. what advise would you give her?



If you skip one or more pills, take the following precautions:

- **Missing the first pill** in a new cycle. Take a tablet as soon as you remember and the next one at the usual time. Two tablets can be taken in one day. Use barrier contraception for 7 days after the missed dose.
- **Missing a pill 2 days in a row.** Take 2 pills as soon as you remember and then 2 more the following day. Also use back-up barrier contraception until the next pill cycle.
- **Missing more than 2 days.** Discard the pack, use a back-up birth control method, and begin a new cycle on the following Sunday, even if you have started bleeding.





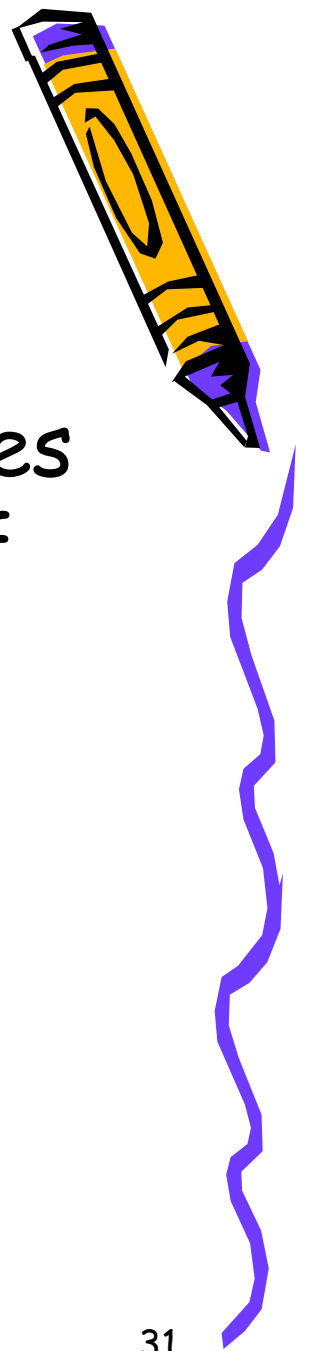
- A 20-year-old married woman comes for FP advise. She had a history of irregular and heavy menstrual cycle and an abortion 1 month ago. GPE show marked pallor. Lab investigations confirm Iron deficiency anaemia. What is the best choice of contraceptive for her?





- A 20-year-old married woman comes for FP advise. She had a history of irregular and heavy vaginal bleeding due to Endometriosis. GPE show marked pallor. What is the best choice of contraceptive for her?





- A 25-year-old married woman comes for FP advise. She had a history of benign ovarian tumor and severe dysmenorrhea. GPE show marked pallor. What is the best choice of contraceptive for her





- A 25-year-old married woman comes for FP advise. She had a history of benign breast lump which was excised 2 months ago. Her GP and systemic examination was normal. What is the best choice of contraceptive for her

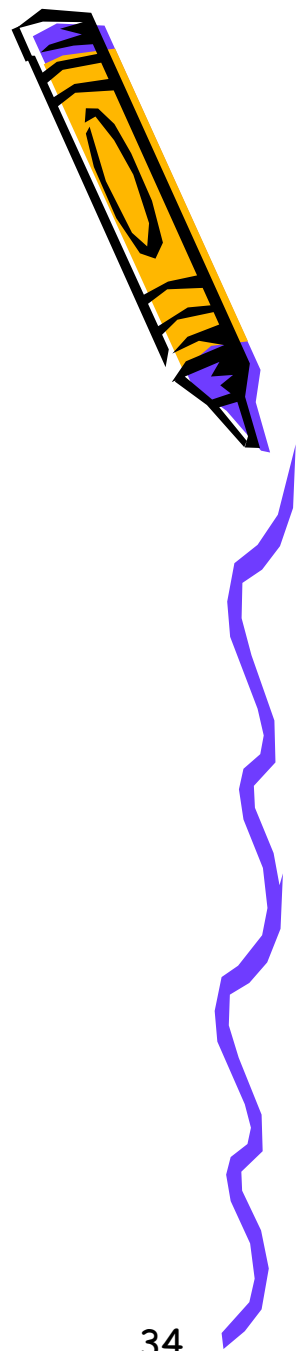


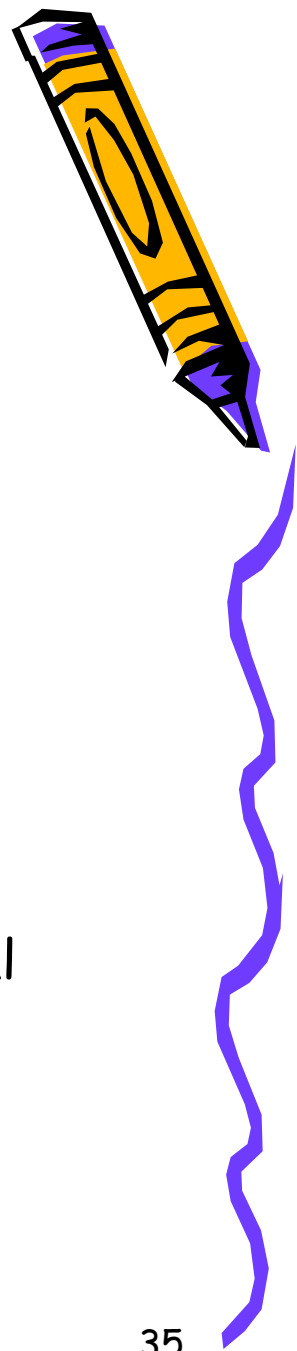


- A 28-year-old married woman having two children comes for FP advise. She had a history of gestational Diabetes during last pregnancy. Her GP and systemic examination was normal. What is the best choice of contraceptive for her?



Key: the best
contraceptive for all
these women is OCP
provided that no
contraindication is
present!!



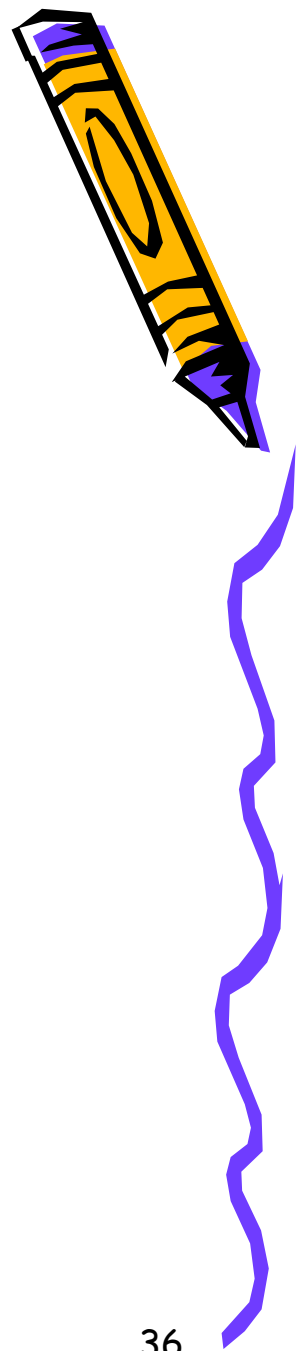


Other women in whom OCP can be given are those

- Tuberculous
- Goitre +, hyper or hypothyroid
- Thalassemic
- HIV +,
- Suffering from STIs, PID, Ovarian Cancer, Endometrial cancer
- Depressed



What if contraindication
for OCP is present?





- A 35-year-old married woman having two children comes for FP advise. She is a smoker and had a history of gestational Diabetes during last pregnancy. Her GP and systemic examination was normal. What is the best choice of contraceptive for her?



Key:

- POP
- Progestin only implants OR
- Cu- T



Scenario

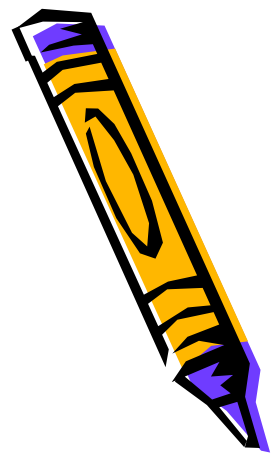
- A 23-year-old illiterate woman who has just given birth to her first baby wants an advice on FP. She is medically fit and wants to breastfeed her child. What is the best choice of contraceptive for her?



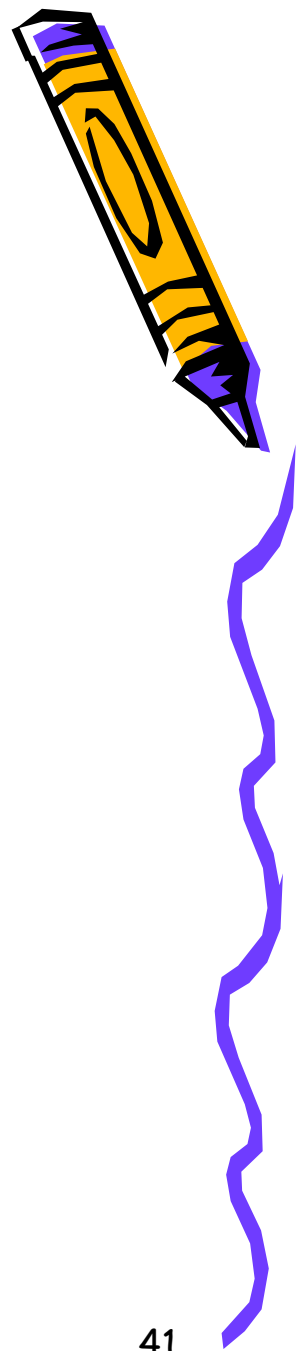
1st Choice Methods

These methods do not interfere with breastfeeding and are safe to use any time after birth:

- LAM (for up to six months)
- Condoms (also the best protection against AIDS and sexually transmitted diseases)
- Diaphragm
- Spermicides
- **IUD (non-hormonal)**
- Natural Family Planning (breastfeeding disrupts the signs and symptoms of fertility, which may make charting difficult)



Upon inquiry she told the doctor that she is not willing to place anything in her uterus.



2nd Choice Methods

Methods under this category contain the hormone progestin. In most cases, these methods do not affect a woman's milk supply. However, to avoid any risk, **it is recommended to wait six weeks after delivery** before using a progestin-only method, which include the following:

- Mini-pill
- Injectables (such as Depo-Provera®)
- Implants (such as Norplant®)



3rd Choice

Methods

These methods contain the hormone estrogen which can reduce a woman's milk supply. Women should be informed of this risk and advised to delay the use of such methods until at least six months postpartum.

However, if the breastfeeding woman chooses this method, she can continue breastfeeding and should be encouraged to do so for its numerous health benefits.

Combined oral contraceptives

Combined Injectables



Scenario



- A 27-year-old married woman having two children comes for FP advise. She is suffering from PID. Her GP and systemic examination was normal. Her lab investigations show lipid disorder. What is the best choice of contraceptive for her?



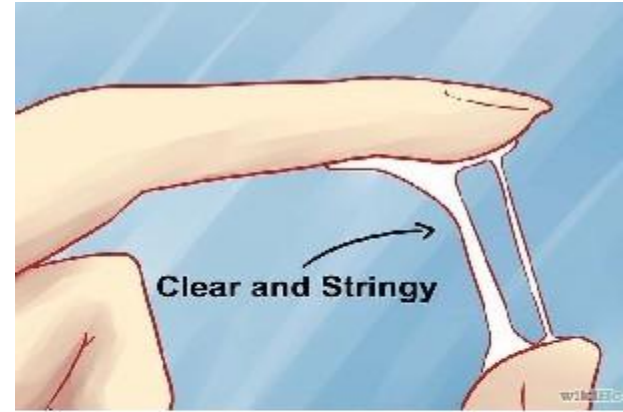
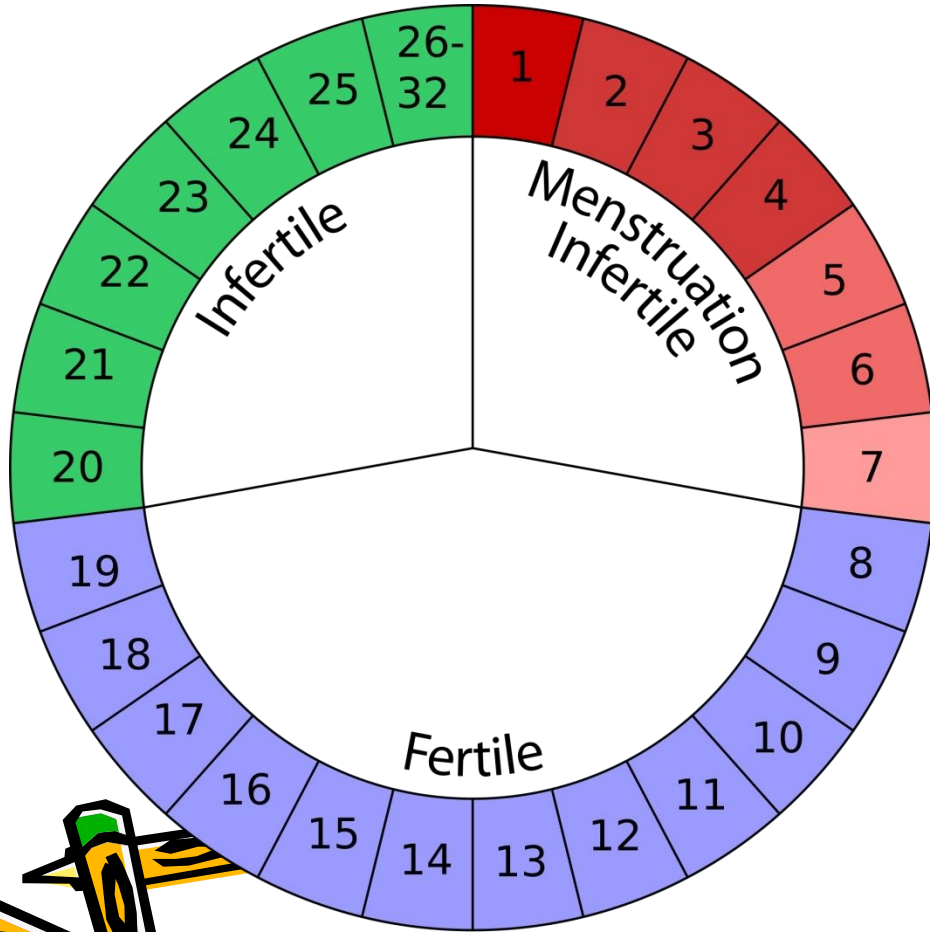
Key

- Barrier method by the partner or
- Safe period (Rhythm or natural method)

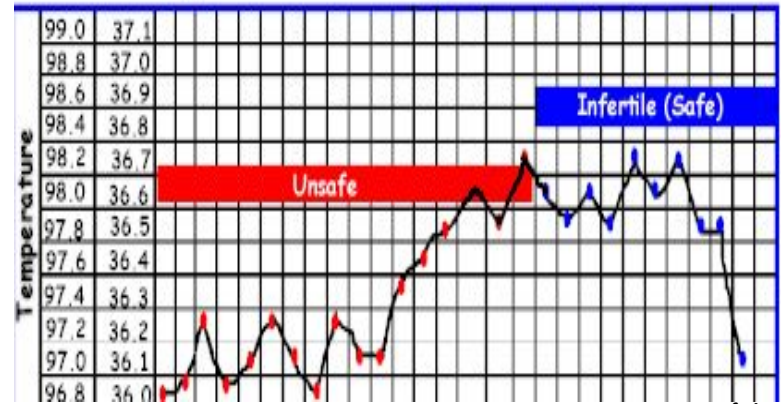


Natural methods:

1. Calendar method
2. Cervical mucus method
3. Basal body temperature method



Charting Basal Body Temperature

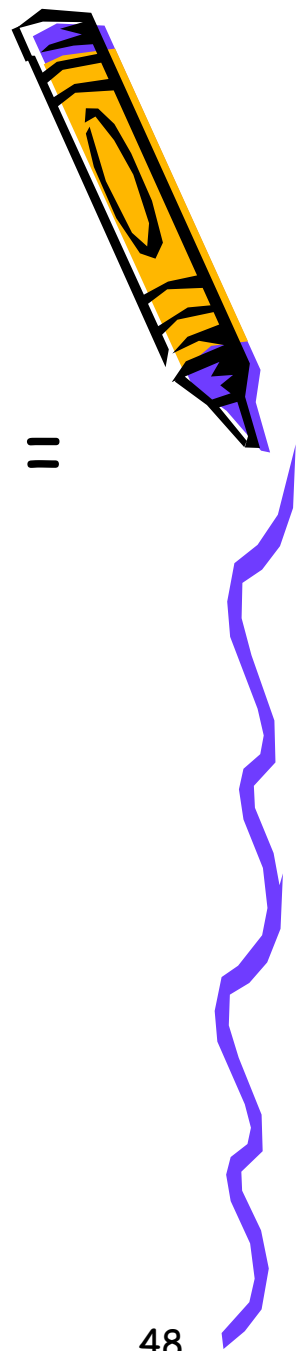


Drawbacks of calendar method

1. Menstrual cycles are not always regular.
2. Only possible to be used by educated couples.
3. Compulsory abstinence for nearly half of every month.
4. Method is not applicable during post-natal period.
5. High failure rate i.e. up to 9 per HWY.



Other names of natural methods



- Billings method = ovulation method = cervical mucus method
- Symptothermic method = basal body temperature + cervical mucus method + calendar method



Pearl's index



Contraceptive efficiency:

It is the measurement of unplanned pregnancies even after the use of contraceptive measures.

1) Pearl Index: no. Of failures/100 woman-yr of exposure

$$\text{Failure rate/HWY} = \frac{\text{Total accidental pregnancies} \times 1200}{\text{total months of exposure}}$$

Denominator i.e. total months of exposure =
no of woman x years of exposure



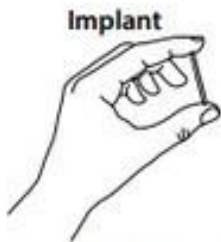


Effectiveness of Contraceptive Methods

More Effective

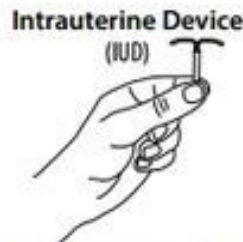


Less than 1 pregnancy per 100 women in a year



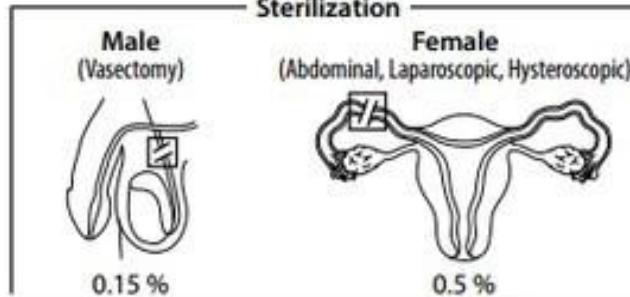
Implant

0.05 %*



Intrauterine Device (IUD)

LNG - 0.2 % Copper T - 0.8 %



Sterilization

Male (Vasectomy)

0.15 %

Female (Abdominal, Laparoscopic, Hysteroscopic)

0.5 %

How to make your method most effective

After procedure, little or nothing to do or remember.

Vasectomy and hysteroscopic sterilization:

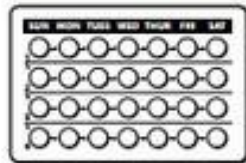
Use another method for first 3 months.

Injectable



6 %

Pill



9 %

Patch



9 %

Ring



9 %

Diaphragm



12 %

Injectable: Get repeat injections on time.

Pills: Take a pill each day.

Patch, Ring: Keep in place, change on time.

Diaphragm: Use correctly every time you have sex.

Male Condom



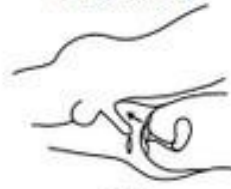
18 %

Female Condom



21 %

Withdrawal



22 %

Sponge



24 % parous women
12 % nulliparous women

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.

Fertility awareness-based methods:

Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

18 or more pregnancies per 100 women in a year

Fertility-Awareness Based Methods



24 %

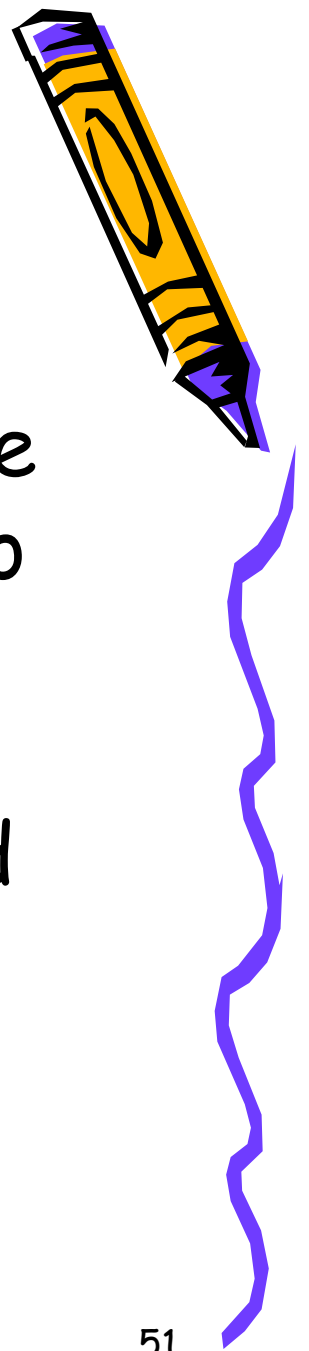
Spermicide



28 %

Less Effective

* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.



- Suppose 200 females on OCPs were followed over a period of 2 years to observe the effectiveness of the contraceptive method. During the study period six females conceived and left the study. Determine the failure rate of OCPs in this study.



Calculation of Contraceptive Failure Rate



- We need to calculate the Pearl's Index.
 - Total accidental pregnancies = 6
 - Total months of exposure = $2 \times 12 = 24$
 - $6 \times 1200 / 200 \times 24 = 1.5$ per HWY



Unmet need for family planning



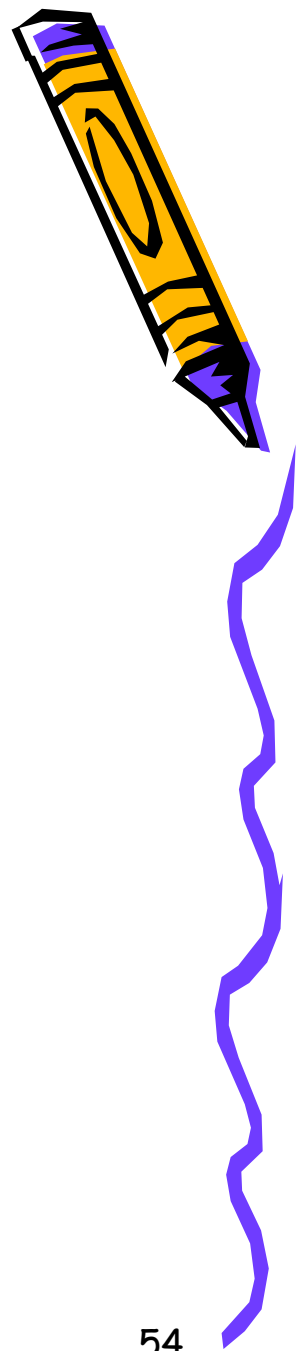
- Many women who are sexually active would prefer to avoid becoming pregnant, and had not been using any method of contraception (including use by their partner).

These women are considered to have an "unmet need" for family planning.

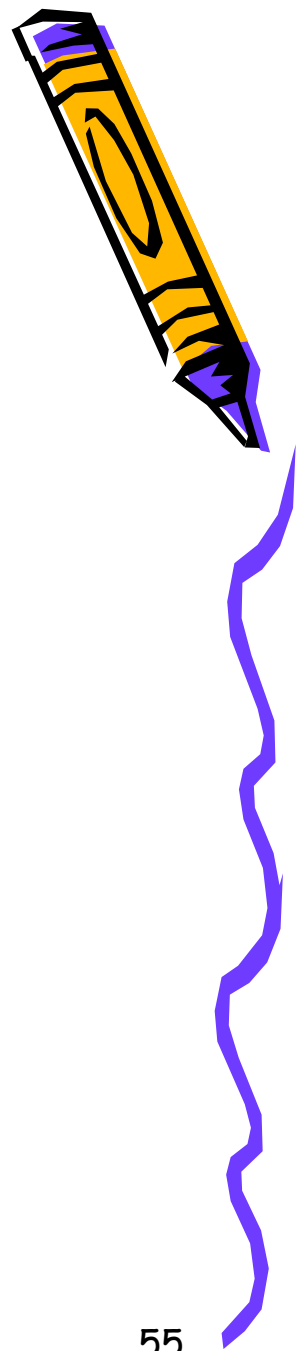


Reason for unmet need

- Unsatisfactory services
- Lack of information
- Fear of side effects
- Opposition from the husband or relatives.



How to overcome



- Maximize access to good quality services
- Expand mass media communication
- Address facts and myths about family planning
- Address men directly with information about benefits and safety



Thank you

