

FAMILY PLANNING



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Outlines of the lecture

1. Definition

Benefits of family
planning

Recommendation
contraception

Contraceptive meth

References



Definition

According to WHO:

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies



. It is achieved through use of **contraceptive methods** and the **treatment of infertility**.



Family planning services(2019) are provided in the Gaza Strip through Ministry of Health (M.H.O) in 17 centers

The IUD is the most widely used method in the Gaza Strip at the M.O.H Centers accounting for 36.8% of all family planning methods

Contraceptive pills

_ COC 43.9%

_ POP 12.1 %

Condom 2.68%

Injection 4.39 %



Benefits of family planning



Benefits of family planning

1. Preventing pregnancy-related health risks in women.
2. Reducing pregnancy in early reproductive age (under 18 couple marriage)
3. Reducing infant mortality.
4. Helping to prevent HIV/STDS.
5. Empowering people and enhancing education.

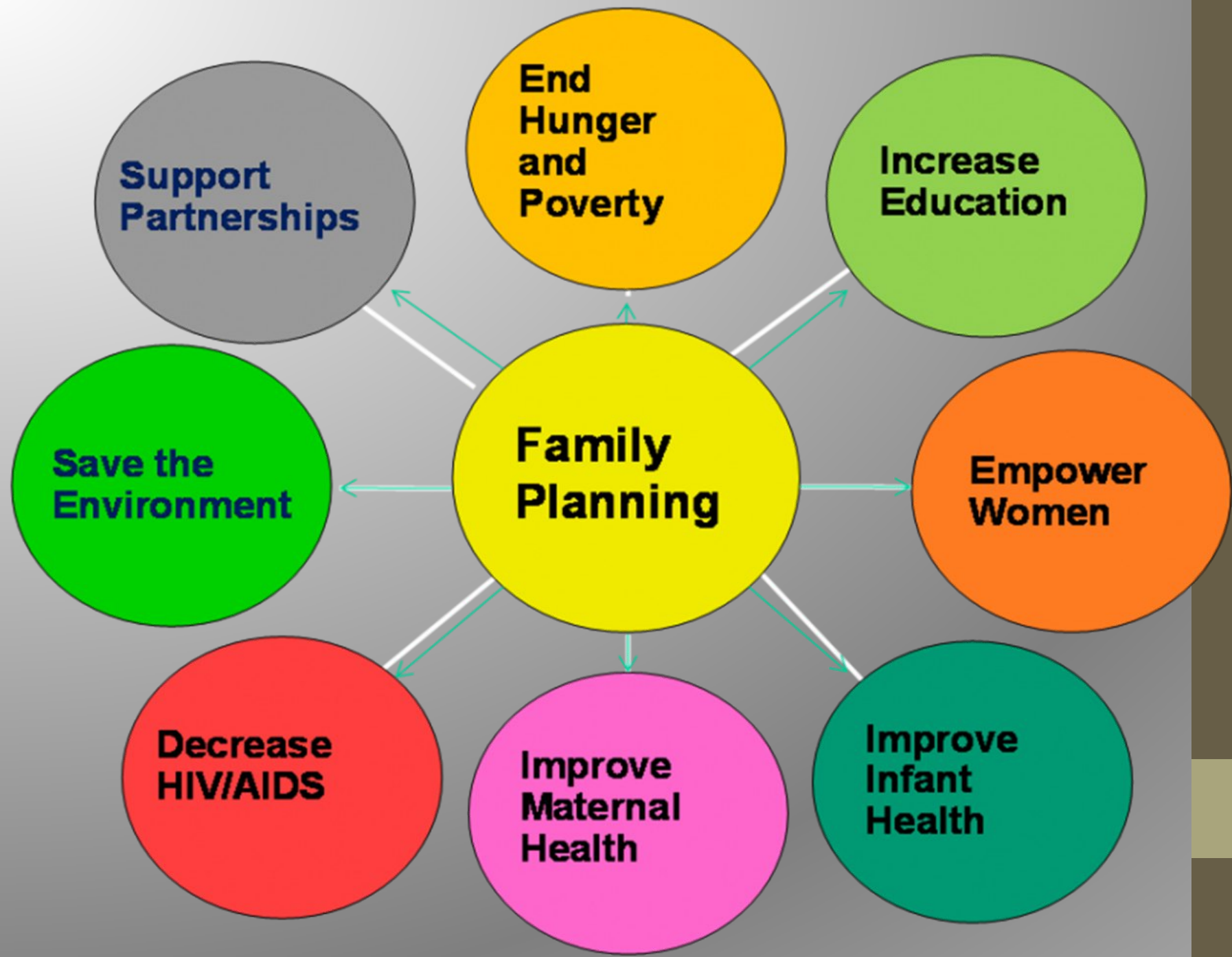
Mother

- * Enables her to regain her health after delivery.
- * Gives enough time and chance to love and provide attention to her husband and children..
- * When suffering from an illness, gives enough time for treatment and recovery.

Children:

- * Healthy mothers produce healthy children.
- * Will get all the attention, security, love, and care they deserve.
- * Enables give his children their basic needs (food, shelter, education, and better future).*







Recommendation

Recommendation

Recommendation for spacing after a live birth:

is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.

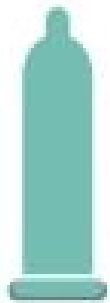
For spacing after miscarriage or induced abortion at least six months

Contraception

Is the use of various devices, drugs, agents, sexual practices, or surgical procedures to prevent conception or pregnancy.



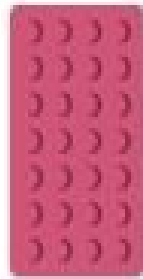
Contraception methods



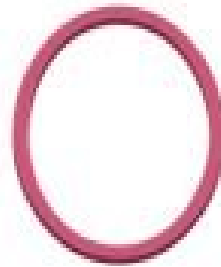
Condom



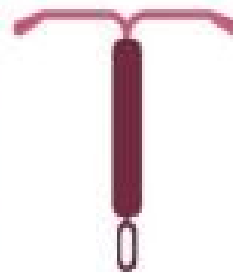
Female condom



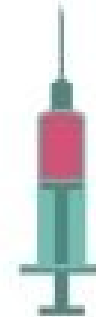
Oral contraception



Hormonal ring



UID



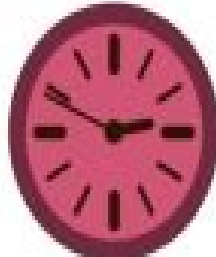
Contraceptive injection



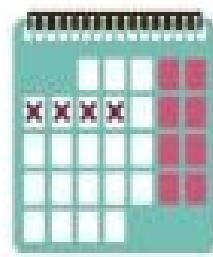
Surgical sterilization



Implant



Coitus interruptus



Calendar rhythm method



Vaginal douche



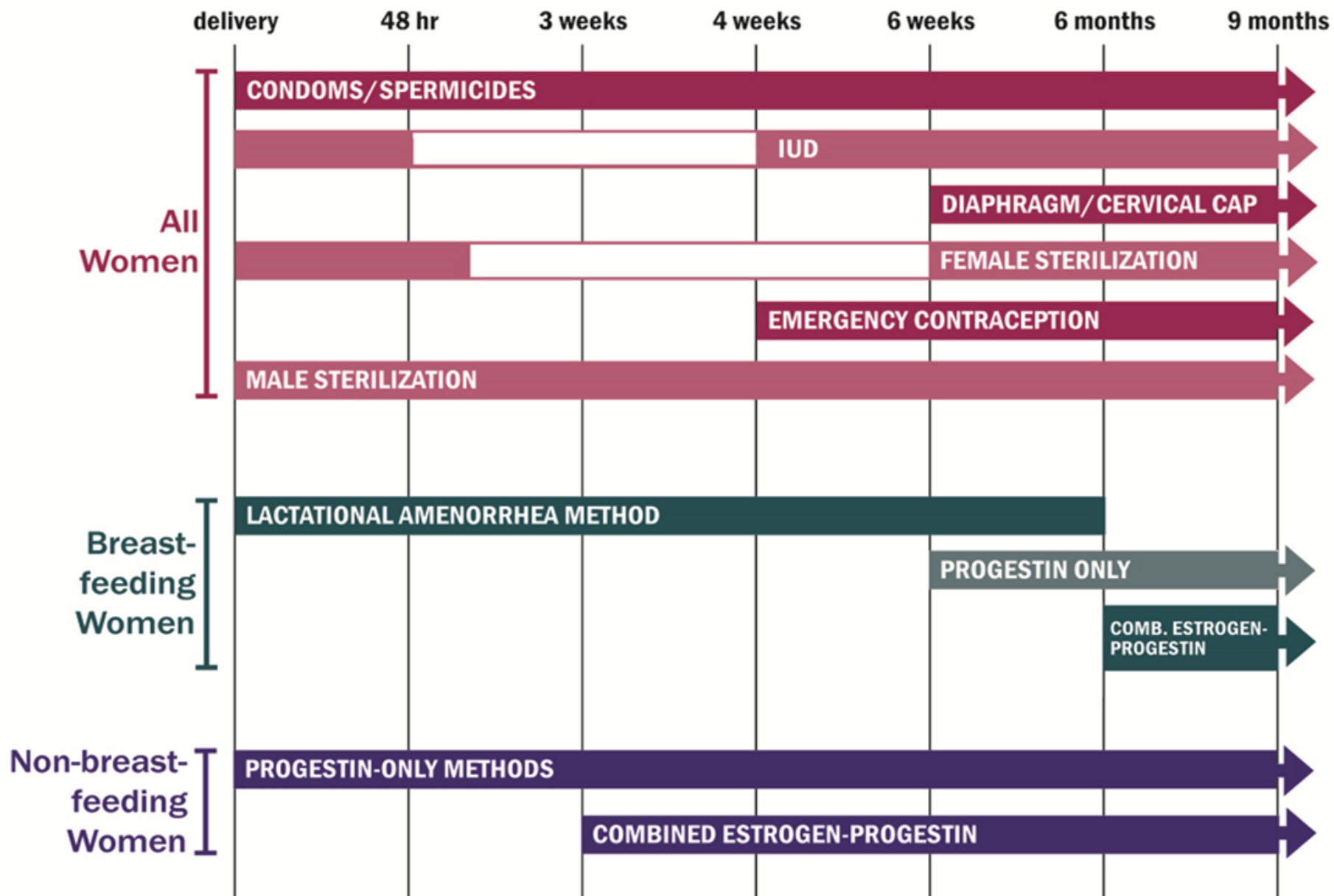
Contraceptive patch



Diaphragm / cap

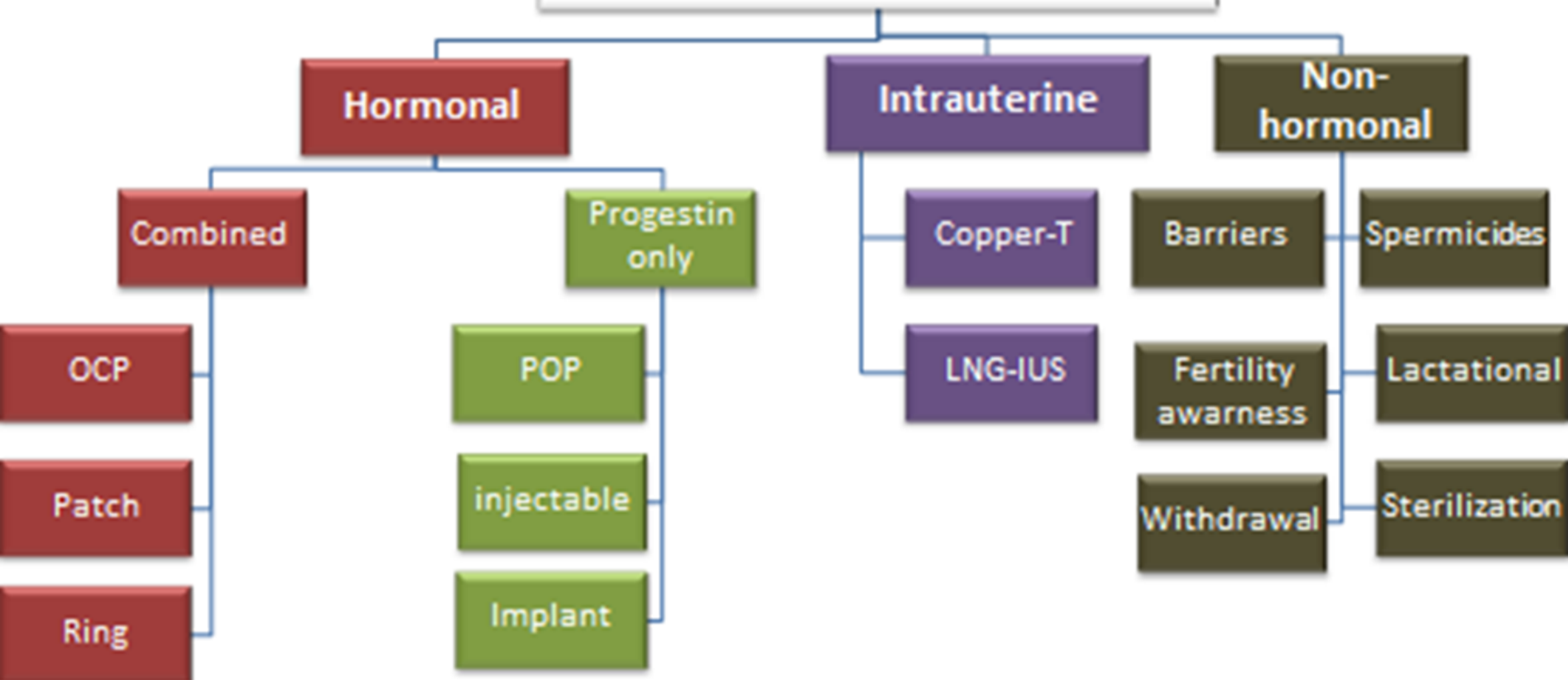
Factors Affecting Method Choice

- * Reproductive goals of woman or couple (spacing or limiting births)
- * personal factors including client discomfort associated with FP method
 - * accessibility and availability of products that are necessary to use method
 - * medical factors



Adapted from: The MAQ Exchange: Contraceptive Technology Update

Contraceptive methods



Natural methods

Abstinence:

sexual abstinence means avoiding sexual intercourse.

Withdrawal: Also known as coitus interruptus, this is when the man removes the penis from the vagina so that ejaculation occurs outside of the vagina.

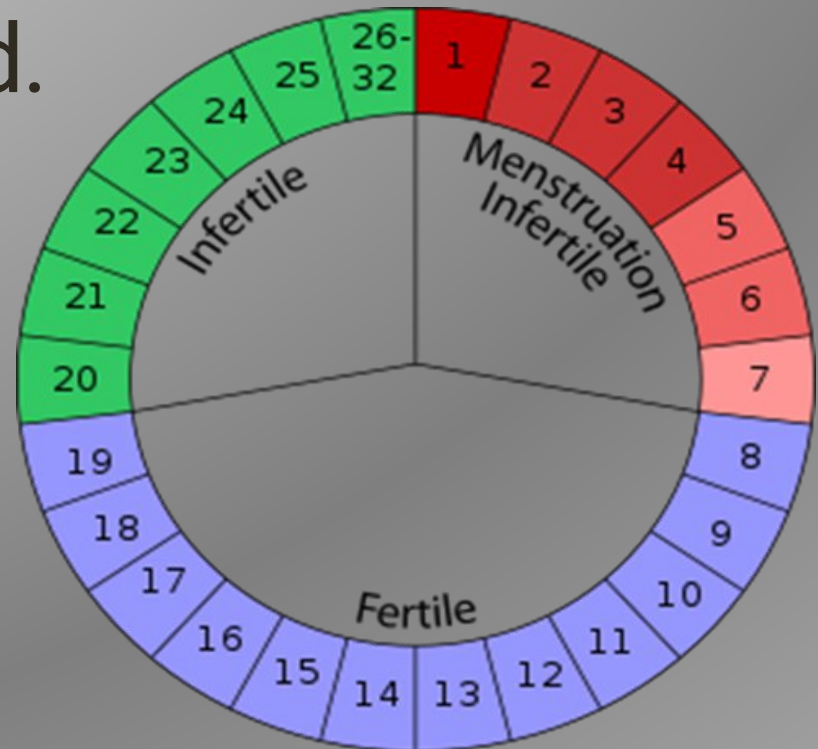
Calendar-Based Methods

Fertility Awareness

Lactation Amenorrhea Methods

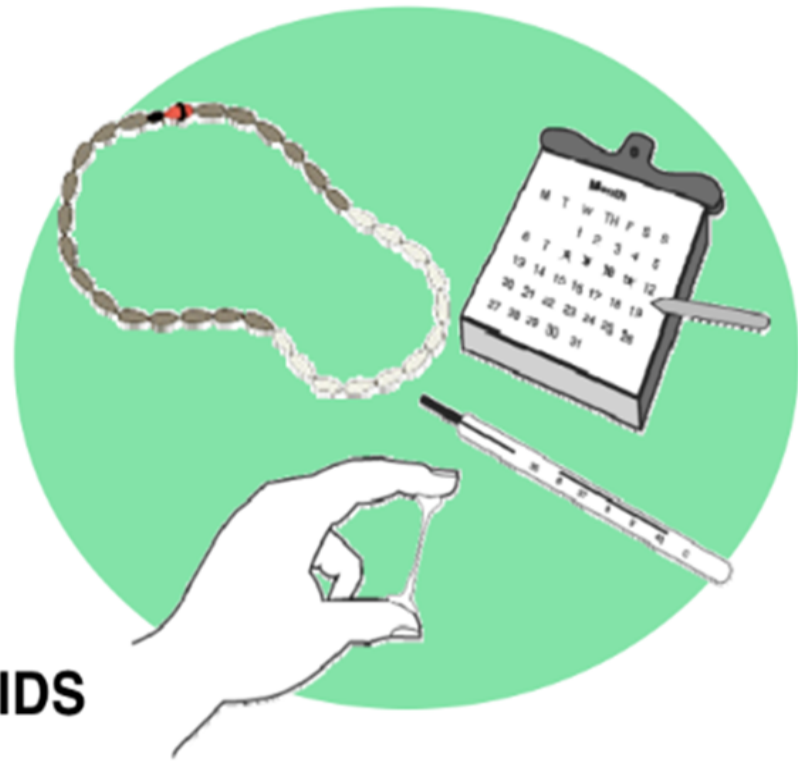
Calendar Method

Ovulation occurs 14 days before menses and that sperm can survive for 2 to 3 days, the fertile period is calculated.



Fertility Awareness-Based Methods

- Learn on which days of the menstrual cycle you can get pregnant
- To prevent pregnancy, you and your partner either avoid sex OR use a condom on fertile days
- Can be effective if used correctly
- No side-effects
- Does not protect against STIs or HIV/AIDS



Do you want to know more about these methods, or talk about a different method?



LAM

Lactational Amenorrhoea Method

- A contraceptive method based on breastfeeding
- LAM means breastfeeding often, day and night, and giving baby little or no other food
- Effective for 6 months after giving birth
- Breast milk is best food for babies
- No protection against STIs or HIV/AIDS



Do you want to know more about this method, or talk about a different method?

According to the United States Health and Human Services (HHS) Office for Population Affairs, each year, for every 100 women who use this methods, 20 may become pregnant.

Devices

- * Diaphragm
- * cervical cap
- * male condoms
- * female condoms
- * spermicides

Male condom

Method	Description	How it works	Contraindication	Side effects	Health Benefits	Follow up
Male condoms	Sheaths or coverings that fit over a man's erect penis 98% with correct and consistent use 85% as commonly used	Forms a barrier that keeps sperm out of the vagina, preventing pregnancy.	All men can safely use male condoms except those with: Severe allergic reaction to latex rubber	None	Help protect against: * Risks of pregnancy * STIs, including HIV May help protect against: * Conditions caused by STIs: - Recurring pelvic inflammatory disease and chronic pelvic pain - Cervical cancer - Infertility (male and female)	*Assure every client that she or he is welcome to come back any time e.g * if the client has difficulty using condoms correctly *if the client has signs or symptoms of severe allergic reaction to latex condom(hives or rash over much of the body, dizziness, difficulty breathing, or loss of consciousness) *woman recently had unprotected sex and wants to avoid pregnancy

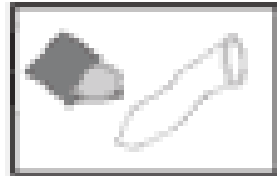
Female Condoms

Method	Description	How it works	Contraindication	Side effects	Health Benefits	Follow up
Female condoms	Sheaths, or lining, that fit loosely inside a woman's vagina, made of thin, transparent, soft plastic film. Effectiveness: 95% with correct and consistent use. 79% as commonly used.	Forms a barrier that keeps sperm out of the vagina, preventing pregnancy	All women can use plastic female condoms. No medical conditions prevent the use of this method.	None	Help protect against: * Risks of pregnancy * STIs, including HIV	Assure every client that she or he is welcome to come back any time e.g. * if the client has difficulty using condoms correctly * she recently had unprotected sex and wants to avoid pregnancy.

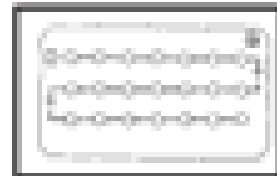
Spermicides

Method	Description	How it works	Contraindication	Side effects	Health Benefits	Follow up
Spermicides	Sperm-killing substances inserted deep in the vagina, near the cervix, before sex. Effectiveness%72	Work by causing the membrane of sperm cells to break, killing them or slowing their movement. This keeps sperm from meeting an egg	All women can safely use Spermicides except those who: Are at high risk for HIV infection Have HIV infection Have AIDS	Some users report the following: * Irritation in or around the vagina or penis Other possible physical changes: * Vaginal lesions	Help protect against: * Risks of pregnancy	Return of fertility after Spermicides are stopped: No delay

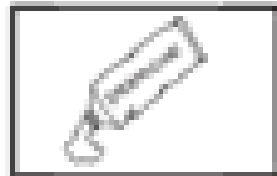
Family planning



Condom



Pills



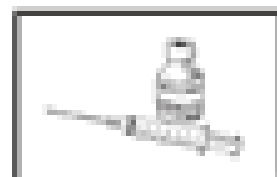
Spermicides



Implants



Diaphragm



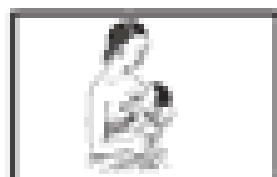
Injections



Female
condom



IUD



Breast-
feeding



Mucus
method

Intrauterine devices

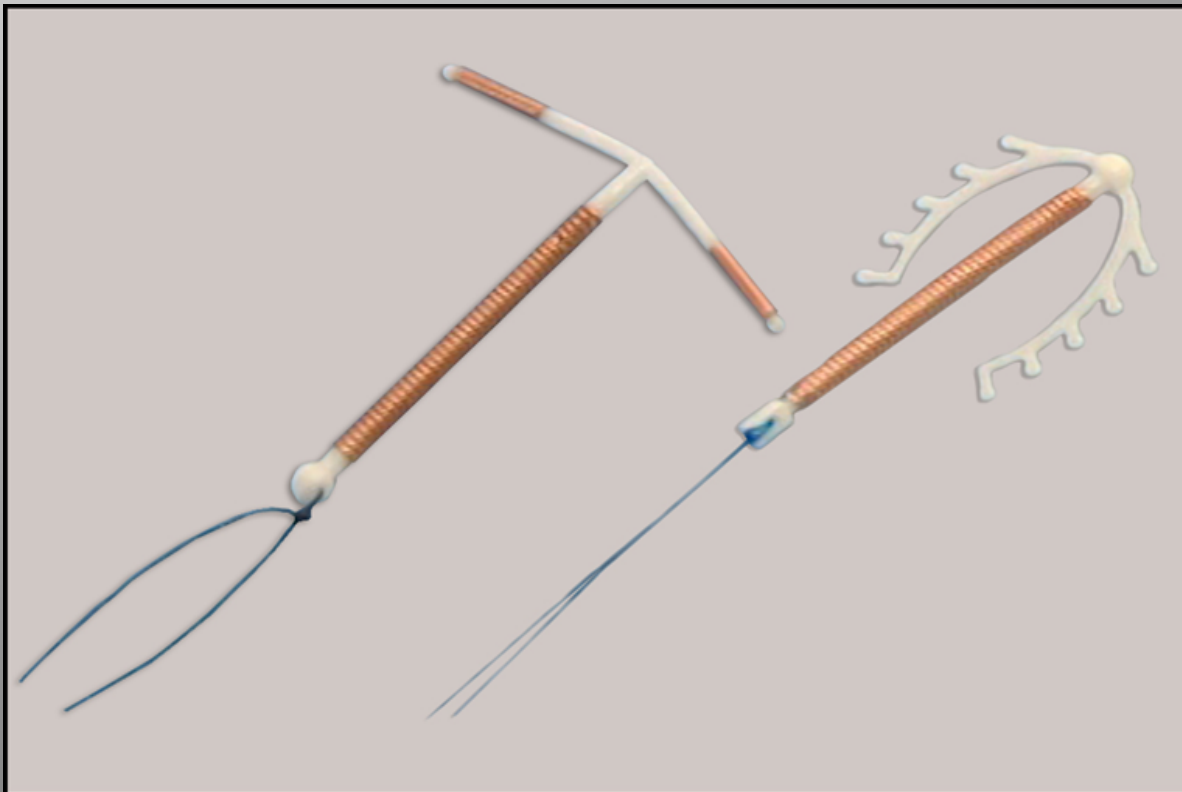
Intrauterine contraception is the most commonly used method of long-acting reversible contraception because of its high efficacy and safety, ease of use, and low cost.

The intrauterine device (IUD) is a small t-shaped device inserted into the uterine cavity by a medical provider.

It provides a nonsurgical option for pregnancy prevention that is as Effective as surgical sterilization

It is over 99 percent effective..

Modern intrauterine contraceptives are made of plastic and release either copper or a progestin to enhance the contraceptive action of the device.



types of IUDs

* copper IUD is a copper-containing IUD >> It is approved to remain in place for up to 10 years.

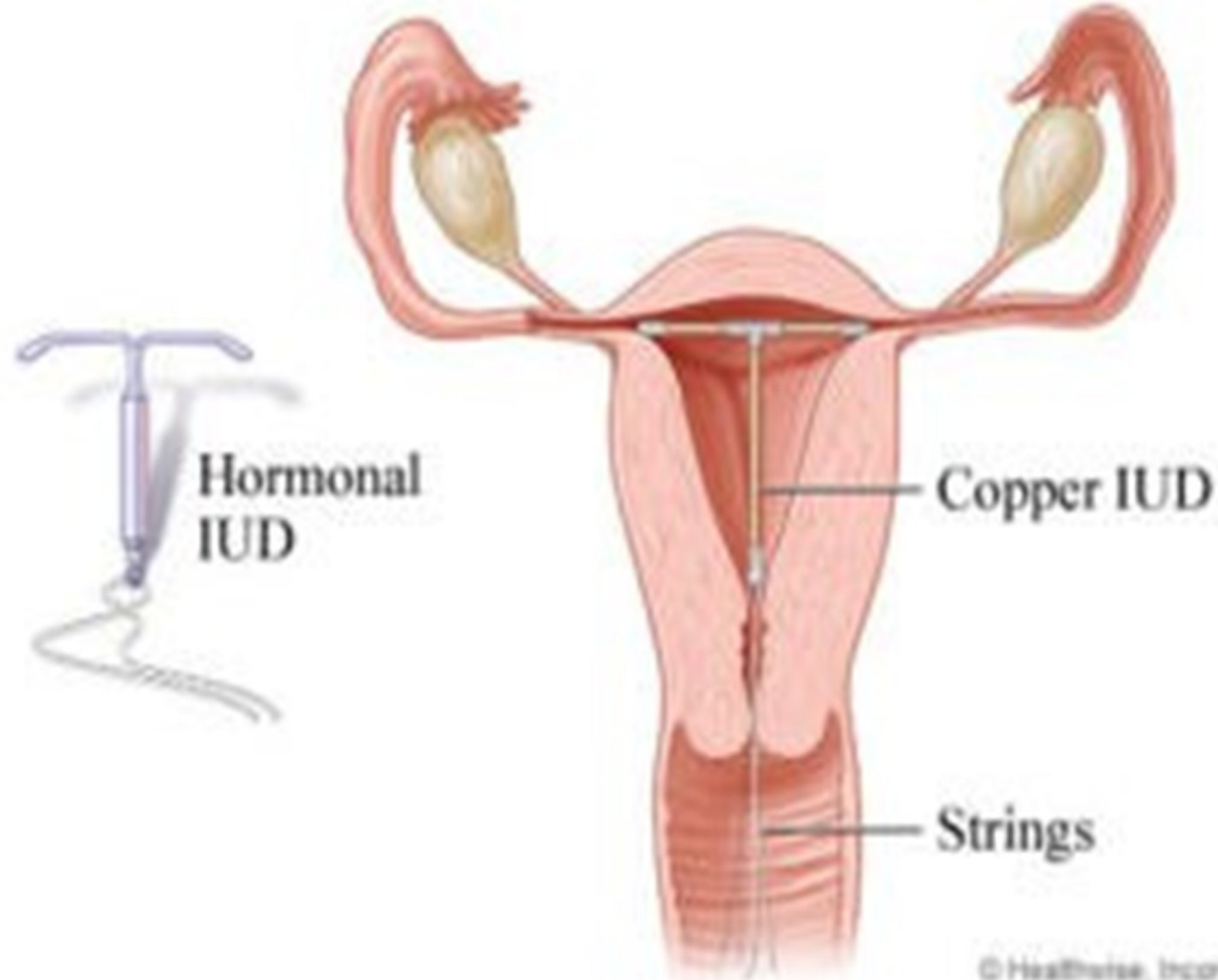
*Levonorgestrel-releasing IUD (Mirena and Skyla): This form of IUD releases a progestin hormone from the vertical part of the T.

Levonorgestrel-releasing IUD

That releases 20µg of levonorgestrel / day
into the uterine cavity.

The **two brand-named** IUDs in this category
contain different amounts of the hormone.

Mirena is approved for up to five years of
use and Skyla for up to three years.



Postpartum Insertion of IUDs

IUDs can be inserted:

- immediately after delivery of the placenta during cesarean section
- within 48 hours of childbirth
- if not inserted within 48 hours of delivery, insertions should be delayed for at least 4 weeks

NOTE: an IUD can be inserted immediately after first-trimester abortion.

Risk of Expulsion and Timing of Insertion Postpartum

IUD Expulsion Rates by Timing of Insertion

Time Of IUD Insertion	Definition	Expulsion Rate	Observations
Postplacental	Within 10 minutes after delivery of placenta	9.5–12.5%	Ideal; low expulsion rates
Immediate Postpartum	After 10 minutes to 48 hours post delivery	25–37%	Still safe
Late Postpartum	After 48 hours to 4 weeks post delivery	NOT RECOMMENDED	Increased risk of perforation and expulsion
Interval-Extended Postpartum	After 4 weeks post delivery	3–13%	Safe

Advantages of IUD

- * Highly effective (failure rate $<1\%$ in first year of use)
- * Very safe (WHO Category 1) from 4th week postpartum
- * Effective immediately
- * Long-term method (up to 10 years with Copper T)
- * Immediate return to fertility upon removal
- * Do not affect quantity or quality of breast milk; can be used by postpartum women whether or not they are breastfeeding
- * Few side effects

DISADVANTAGES

- * Requires a trained healthcare provider to insert
- * Some users report:
 - Changes in bleeding patterns, especially during first three months of use
- * More cramping and pain during monthly menses

contraindication

- * Current puerperal sepsis/endometritis/
pelvic inflammatory disease (PID)
- * Unexplained vaginal bleeding, which may
indicate serious condition
- * Cervical or endometrial cancer
- * Abnormal or distorted uterine anatomy.
 - * anemia
 - * pregnancy

contraceptives

They are the most effective when used correctly and consistently.

_ These methods include:

— Combined Hormonal Contraceptives.

— Progestin-Only Contraceptives



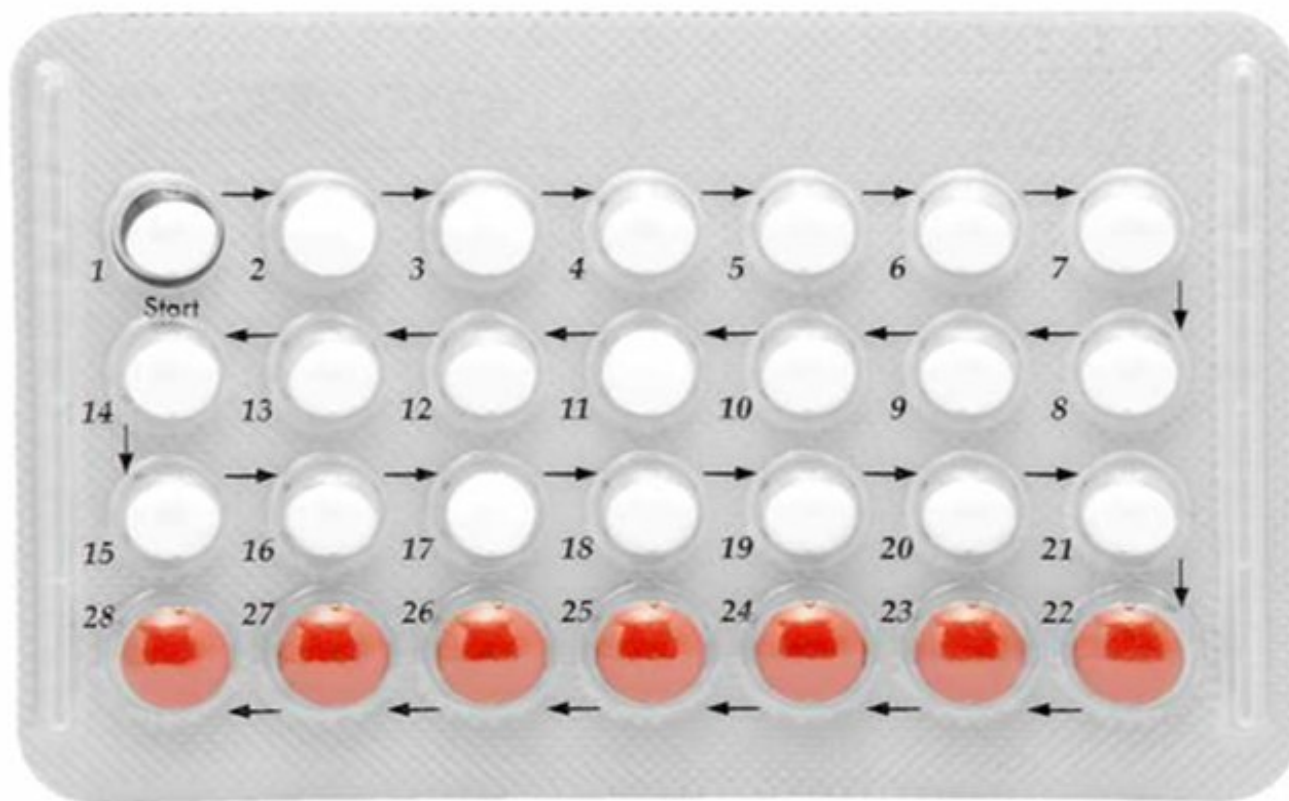
Combined Hormonal Contraceptives

Pills that contain low doses of two hormones—

a progestin and an estrogen

Work primarily by:

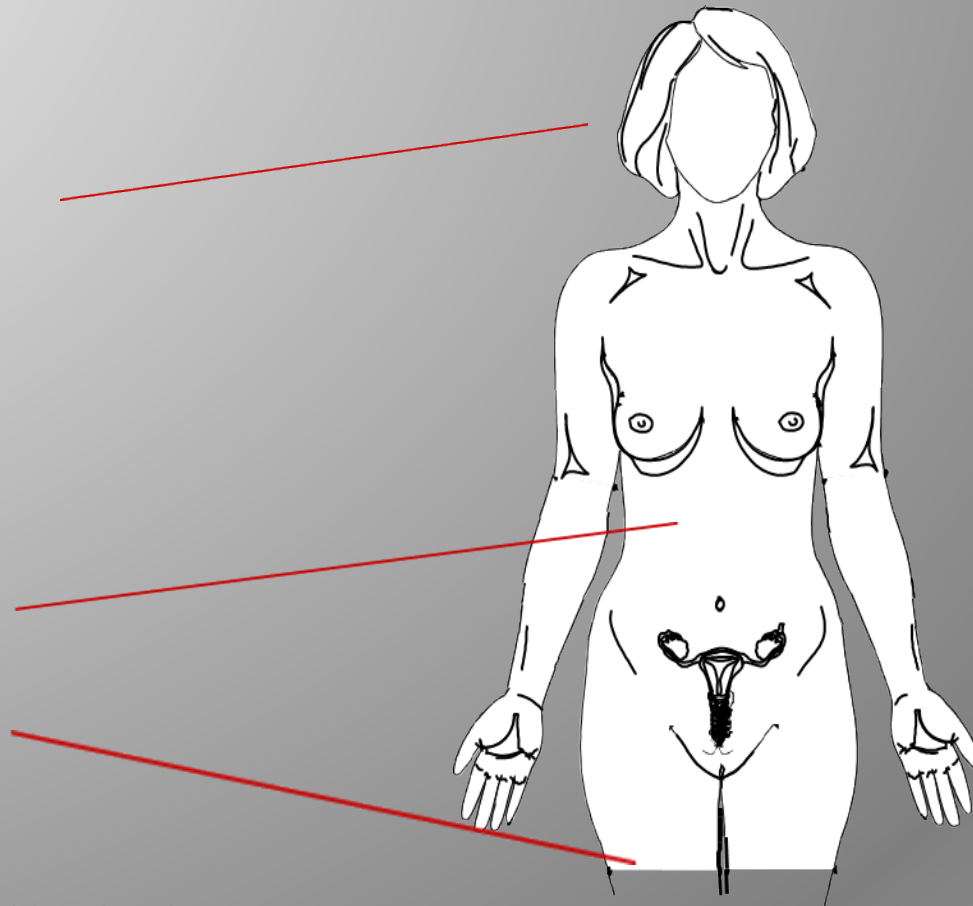
- Preventing the release of eggs from the ovary
- Thickening cervical mucus so that sperm cannot penetrate



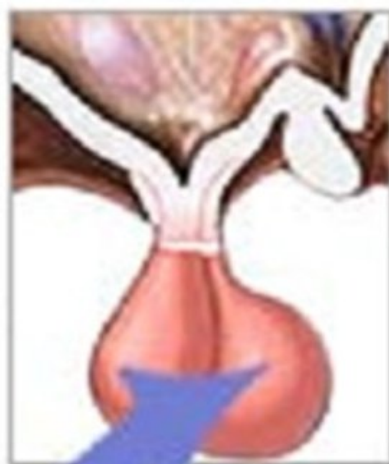
Suppress
ovulation

Reduce sperm
transport in upper
genital tract (fallopian
tubes)

Thicken cervical mucus
(preventing sperm penetration)



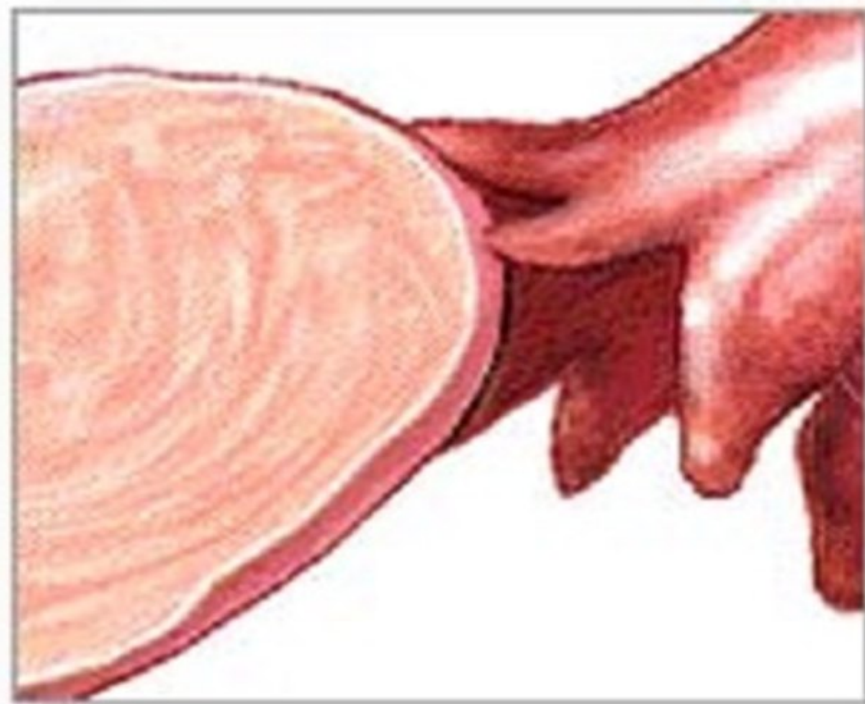
Lower levels of estrogen in pill prevent pituitary gland from releasing LH



With no LH present, egg does not mature and ovulation does not occur



Birth control pill



Advantages

Highly effective when taken daily (failure rate

0.1–0.5 % during first year of use)

Controlled, and can be stopped, by the woman

Does not interfere with sex

Pelvic examination or routine labs for hormonal levels not required to initiate use

Helps protect against cancer of the uterine lining, cancer of the ovary, symptomatic pelvic inflammatory disease (PID) and anemia

Disadvantages

- User-dependent (require continued motivation and daily use); forgetfulness increases method failure
- Some nausea, dizziness, breast tenderness, headaches, spotting or depression may occur (but usually stop after three to four months of use)
- Effectiveness may be lowered when certain drugs are (drug drug interaction)) taken
- Re-supply must be readily and easily available
- Do not protect against STIs (e.g., HBV, HIV/AIDS)

Side effects

Possible side-effects

*If you choose this method, you may have some side-effects.
They are not usually signs of illness.*

- But many women do not have any
- Often go away after a few months

Most common:



• Nausea
(upset stomach)



• Spotting
or bleeding
between periods



• Mild
headaches



• Tender
breasts



• Dizziness



• Slight
weight gain
or loss



*Do you want to try
using this method and
see how you like it?*

WHO Eligibility Criteria

Category	With Clinical Judgment	With Limited Clinical Judgment
1	Use method in any circumstance	Yes (Use the method)
2	Generally use method	Yes (Use the method)
3	Use of method not recommended unless other more appropriate method not available/acceptable	No (Do not use method)
4	Method not to be used	

Who Should Not Use (WHO Category 4)

COCs should not be used if a woman:

- Has migraine headaches with aura
- Has BP 160/100 (140–159/90–99 is Category 3)
- Is breastfeeding (less than six weeks postpartum)
- Is jaundiced (symptomatic viral hepatitis or cirrhosis)
- Has ischemic heart disease or stroke
- Has complicated valvular disease
- Has blood clotting disorders (deep vein thrombophlebitis or pulmonary embolus)

- Is 35 years old or older and smokes 15 cigarettes/day.
- Has diabetes (>20 years duration).
- Has breast cancer.
- Has liver tumors.
- Has to undergo major surgery with prolonged bed rest.

Conditions Requiring Precautions (WHO Category 3)

COCs are not recommended unless other methods are not available or acceptable if a woman:

Is more than six weeks but less than six months postpartum and is primarily breastfeeding.

Is less than three weeks postpartum if not breastfeeding.

- Has high blood pressure (140–149/90–99).
- Has a history of breast cancer and no evidence of current disease in last five years.
- Develops migraines without aura while on COCs.
- Has current gall bladder disease.
- Is taking drugs for epilepsy (phenytoin or barbiturates) or tuberculosis (rifampin).

When start

Can start three weeks after delivery if not breastfeeding; six months after delivery if breastfeeding

Can start even if menses has not started, as long as you are reasonably sure she is not pregnant, but will need to use condoms or abstain for the first week of use

Contraindication

Women who fall into the following categories should NOT take the pill because of an increased risk of complications:

- Aged 35 years or over who smoke cigarettes (high risk for cardiovascular complications)
- Are pregnant
- Have had blood clots or a stroke in the past, because these women are more likely to have blood clots while taking the pill
- Have a history of an estrogen-dependent tumor (eg, breast cancer)

- Have abnormal or liver disease (the pill could worsen the liver disease)
- unexplained menstrual bleeding (the cause of the bleeding should be investigated before starting the pill)
- Have active migraine headaches associated with visual or other neurologic symptoms (eg, aura), which increases risk of stroke

Missed Pills

Take a missed hormonal/active pill as soon as possible.

Keep taking pills as usual, even if this means she will take 2 pills on same day.

If missed 1 or 2 pills:

Take pill as soon as possible.

If missed 3 or more pills in Week 1 or 2:

Take pill as soon as possible and use back-up method for seven days.

If missed 3 or more pills in Week 3:

- Take a hormonal pill as soon as possible finish all hormonal pills in pack and throw Away

all non-hormonal pills.

- Start a new pack the next day.
- Use a back-up method for seven days.

If missed non-hormonal pills discard the missed non-hormonal pills and continue COCs, one a day.

If you miss pills

If you miss pills:

- **ALWAYS** take a pill as soon as you remember, and continue taking pills, one each day



**Forgetting pills
can lead to
pregnancy!**

But if you miss 3 or more pills or start a pack 3 or more days late:

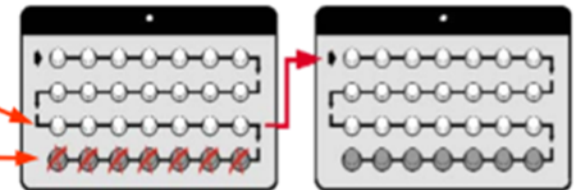


- You must also use condoms or avoid sex for the next 7 days



- **AND** if you miss 3 or more pills in *week 3*:

Also skip the reminder pills (or the pill-free week) and go straight to the next pack



If you miss a reminder pill (28-day packs only):



- Throw away the missed pill(s) and continue taking pills, one each day



Counseling on Danger Signs

- Severe chest pain or shortness of breath
- severe headaches or blurred vision
- severe leg pain
- absence of any bleeding or spotting during free week (21-day pack) or while taking inactive pills (28-day pack may be a sign of pregnancy)

Contraceptive Patch

Adhesive patch placed on the upper arm, abdomen, back or buttocks that provides 20 μ g of ethinyl estradiol & 150 μ g of norelgestromin daily.

The patch is changed every 7 days for 3 weeks, with a patch-free week for menstruation.

Steady-state hormone levels are achieved after 3 days, and there is enough hormone for up to 10 days' use.

Ortho Evra

(norgestrel/ethinyl estradiol)
transdermal system

Delivers 750 µg norgestrel
20 µg ethinyl estradiol/24 hr

Indications & contraindications

For the prevention of pregnancy in women who are sexually active. Ortho Evra is not intended to be used as a contraceptive for women who are already pregnant or who may become pregnant during use.

Contraindications include a history of or current thrombotic or thromboembolic events, current or recent history of stroke, current or recent history of myocardial infarction, current or recent history of deep vein thromboses or pulmonary emboli, current or recent history of arterial thrombotic events, current or recent history of cerebrovascular disease, current or recent history of peripheral vascular disease, current or recent history of coronary artery disease, current or recent history of stroke, current or recent history of myocardial infarction, current or recent history of deep vein thromboses or pulmonary emboli, current or recent history of arterial thrombotic events, current or recent history of cerebrovascular disease, current or recent history of peripheral vascular disease, current or recent history of coronary artery disease.

See package insert for full prescribing information.

Ortho Evra





Progestin-Only Contraceptives

** Progestin-only pills
Injectable birth control*
Birth control implant*

Progestin-Only pills

Pills that contain a very low dose of a progestin like the natural hormone progesterone in a woman's body does not contain estrogen
also called "mini-pills"

Mechanism of Action

work primarily by:

- thickening the cervical mucus this blocks sperm from meeting egg
- disrupting the menstrual cycle, including preventing ovulation
- They also cause slowing of tubal motility and atrophy of the endometrium

Who can and cannot use the mini-pill

Most women can safely use the mini-pill.

But usually cannot use the mini-pill if:

- **Breastfeeding 6 weeks or less**
- **May be pregnant**
- **Some other serious health conditions:**

*Usually cannot use with any of these serious health conditions
(if in doubt, check handbook or refer)*

"We can find out if the mini-pill is safe for you. Usually, women with any of these conditions should use another method."

- Give pills and tell her to start when baby is 6 weeks old.

- If in doubt, use pregnancy checklist in Appendix 1 or perform pregnancy test.

- Ever had breast cancer.
- Serious liver disease or jaundice (yellow skin or eyes).
- Has blood clot in lungs or deep in legs. Women with superficial clots (including varicose veins) CAN use the mini-pill.
- Takes pills for tuberculosis (TB), fungal infections, or epilepsy (seizures/fits).

- Most women who have had stroke or problems with heart or blood vessels CAN use the mini-pill.

Next Move:

Client able to use the mini-pill:

Client unable to use the mini-pill:

Possible side-effects

*If you choose this method, you may have some side-effects.
They are not usually signs of illness.*

- **Common (when not breastfeeding):**
irregular bleeding, spotting, no monthly bleeding
- **Less common:** headache, tender breasts, dizziness



*Do you want to try
using this method and
see how you like it?*

Progestin only pills are taken on a 28-day cycle, and all 28 pills contain hormone.

One pill should be taken every day at the same time, and there is no placebo pill week.

Breakthrough bleeding or spotting can occur with progestin only pills.

Depot Medroxyprogesterone Acetate (DMPA)
is injected deep into **a muscle**, such as the
buttock
or upper arm, once every three months
(150mg).

A preparation that is given subcutaneously
(under the skin) is also available(104mg).

DMPA is very effective, with a failure
(pregnancy) rate of less than one percent
when the injection is given on time



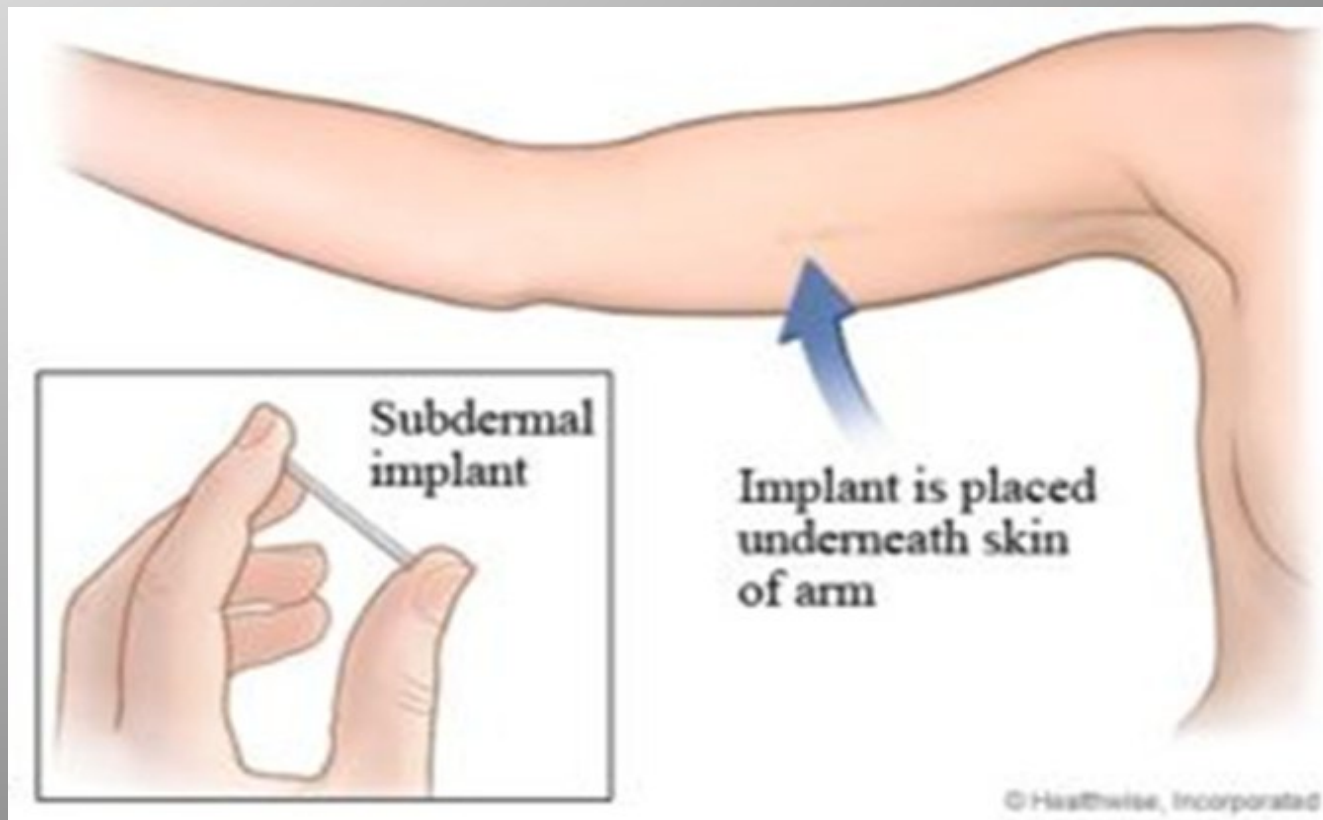
Helps protect against:

- Cancer of lining of uterus (endometrial cancer)
- Uterine fibroids
- Iron-deficiency anemia

SIDE EFFECTS

- The most common side effects of DMPA are **irregular or prolonged bleeding and spotting**, particularly during the first few months of use.
- Up to 50 percent of women completely stop having menstrual periods (**amenorrhea**) after one year of DMPA use.
- Menses generally return within six months of the last DMPA injection.
- Although most women are able to conceive within 10 months, fertility may not return for up to 18 months after the last injection.

Birth control implant



Birth control implant

The implant is one of the most effective methods of birth control **within 24 hours of insertion**.

The only contraceptive implant available is **Implanon**, a single rod 4 cm long and 2 mm wide containing **68 mg of time-release etonogestrel**.

It is inserted under the **skin[subdermal]** into the upper inner arm by a healthcare provider.

It is effective for up to three years, but can be removed if pregnancy is desired sooner.

It provides three years of protection from pregnancy as progestin is slowly absorbed into the surrounding tissues.

Fertility returns rapidly after removal of the rod.

SIDE EFFECTS

- The woman must see a health care provider for implant initiation and discontinuation.
- Irregular bleeding or spotting.
Amenorrhea.
- No protection against STIs.
- May associated with headaches or increased acne.



Female Sterilization

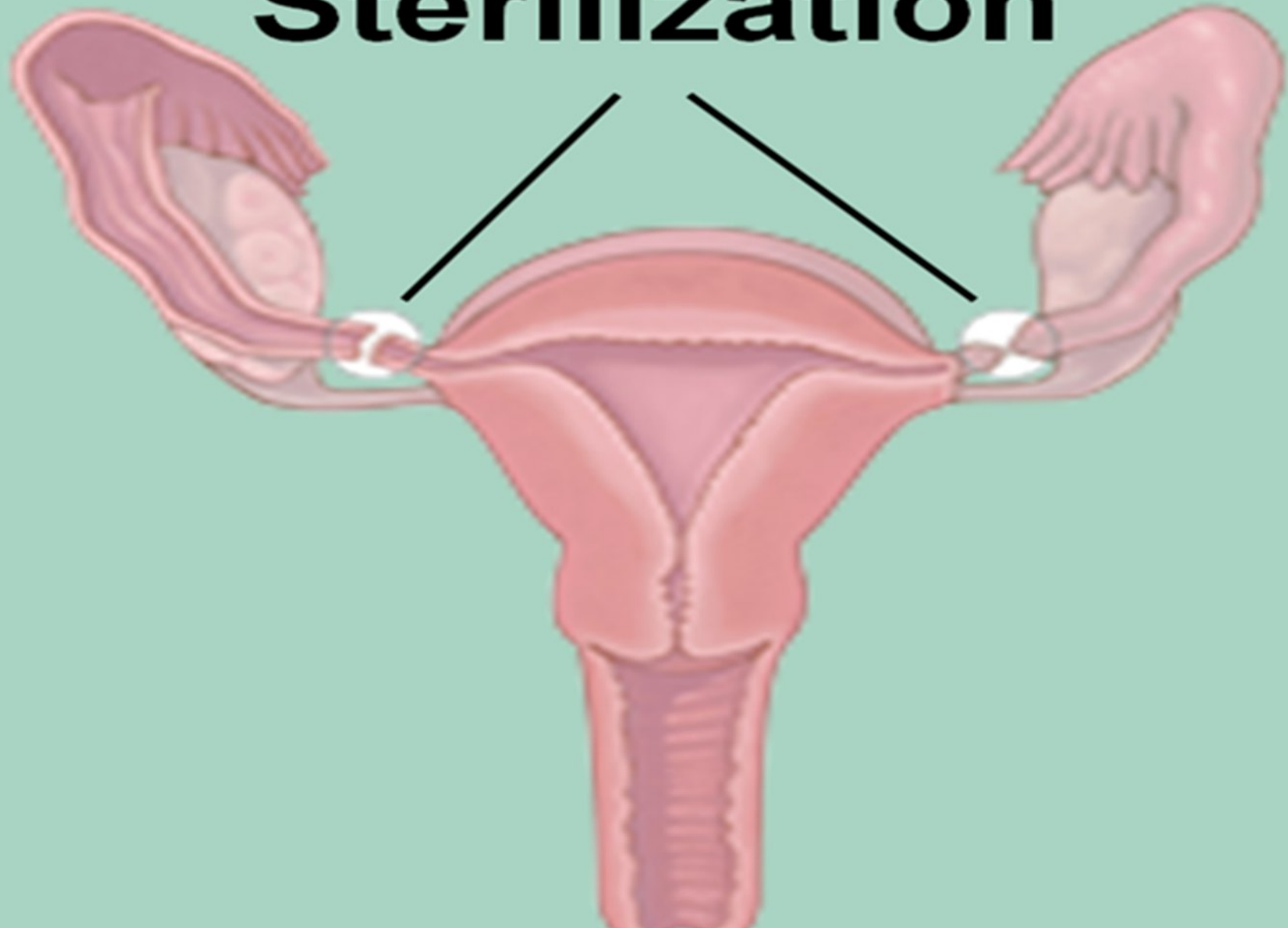
Permanent contraception for women who want no more children.

Performed by mini laparotomy, which involves small incision in abdomen.

Works because fallopian tubes are blocked or cut so egg cannot move down tube and reach sperm.

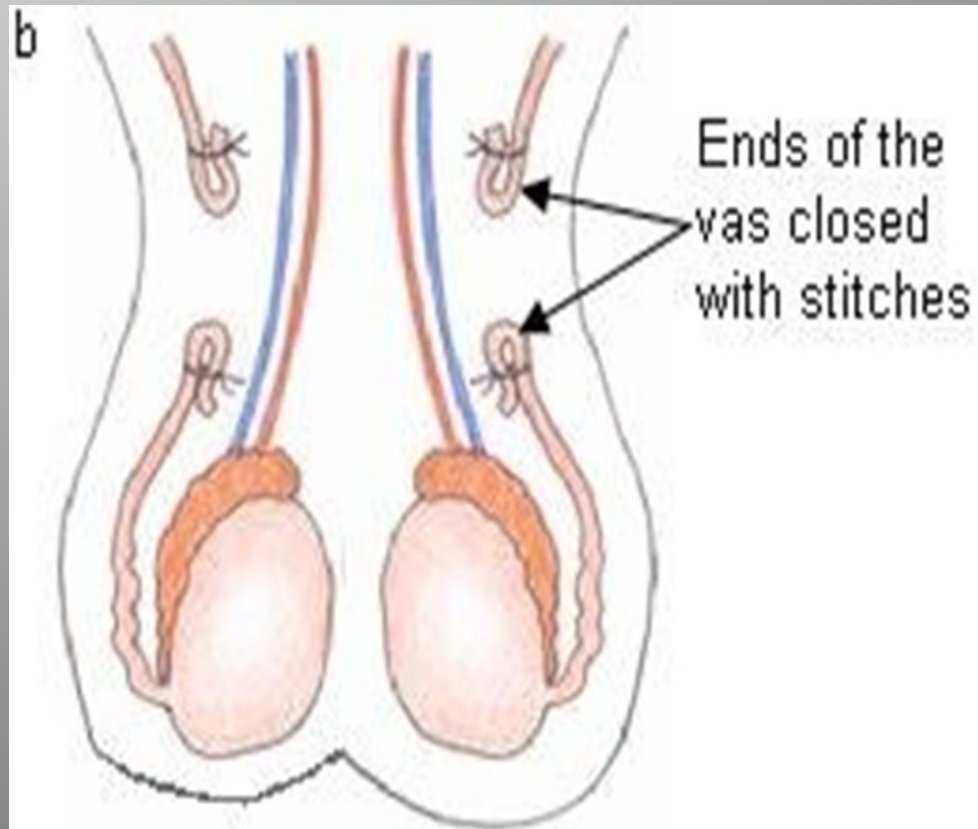
May be performed immediately following delivery or during cesarean section

Sites of Sterilization



Male Sterilization

Permanent contraception
Vasectomy



Emergency Contraception (EC)

Methods that prevent pregnancy after unprotected sexual intercourse has occurred.

Regular contraceptive pills (COCs or POPs) used in a special way.

Used in higher dosages

Used as soon as possible after unprotected sex
(within 120 hours or five days)

NOTE: Emergency contraception does not stop a pregnancy that has started!

Types of EC Pills (ECPs)

- POPs: levonorgestrel (LNG) or norgestrel
 - Two tablets LNG-only (750 µg each tablet) in single dose [local brand name]
 - Three mg norgestrel in single dose [local brand name]
 - 40 tablets (30 or 37.5 µg of LNG or 75 µg of norgestrel) [local brand name]
- COCs: LNG and ethinylestradiol (EE)
 - Two tablets of high-dose pills containing 0.05 mg EE and 0.25 mg (250 µg) LNG [local brand name]; repeat after 12 hours
 - Four tablets of low-dose pills containing 30–35 µg EE and 150 µg LNG [local brand name]; repeat after 12 hours



Emergency Copper IUD

- **Can use if had unprotected sex in the last 5 days**
- **Doctor, nurse, or midwife places IUD in womb. Can cause some cramps.**
- **IUD can be taken out later or left in place for continuing contraception**



- Very effective; more effective than ECPs.
- If you can estimate the time of her ovulation, she can also have the IUD inserted more than 5 days after unprotected sex, as long as it is not inserted more than 5 days after ovulation.
- There has been no research on the mechanism of action of the IUD used for emergency contraception.



- Can use as long-term contraceptive method if she is medically eligible, or can be removed at any time.
- If kept in place, IUD keeps working up to 10 years.
- If emergency IUD does not prevent pregnancy, the IUD will need to be taken out.

Next Move:

If she chooses emergency copper IUD, go to **Copper IUD tab** to check medical eligibility for IUD use (page IUD2) and for information on IUD insertion.

Contraception: The Future

Estrogen and progestinGel
Spray

Male hormonal contraceptive:
monthly testosterone injection

References

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THANK YOU

