

Contraception Technique

☆ Intra- uterine device (I.U.D.):

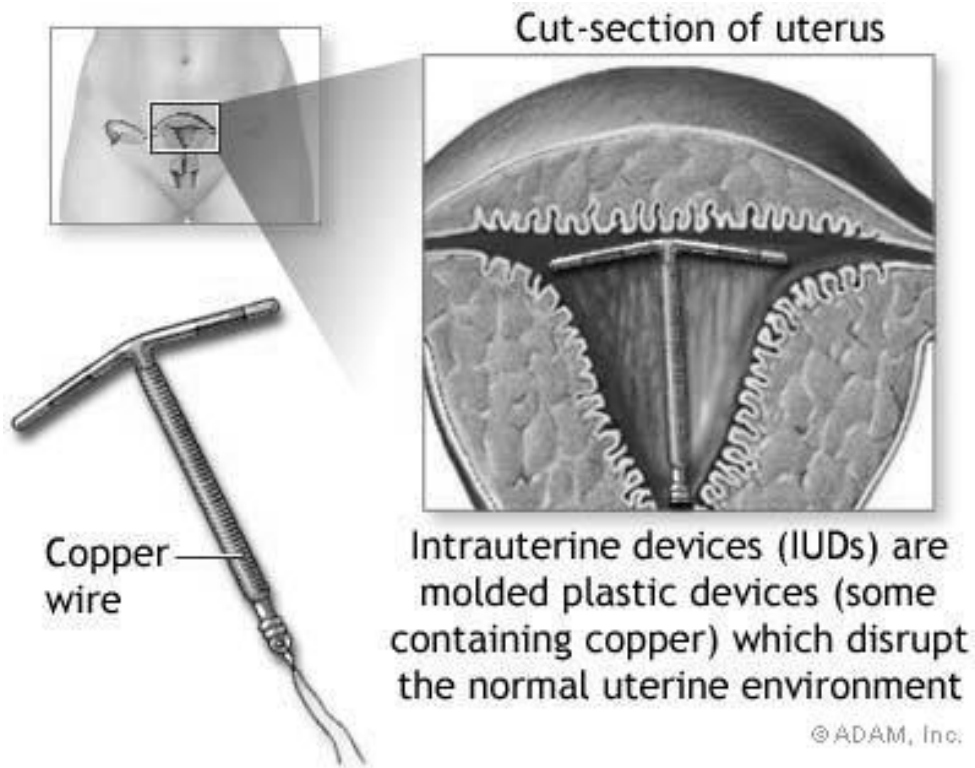
A. Time of I.U.D. Fitting:

1. During menstruation to be sure that:
 - i. *There is no pregnancy.*
 - ii. *The cervix is easier to get through.*
 - iii. *The slight blood loss occurring because of the fitting procedure will also not be noticeable to the woman.*
2. Six weeks after abortion or 3 months after cesarean section

B. Instruction for women:

1. A tail of plastic thread is tied on your loop, you may be able to feel it; do this once a week, always after period and before coitus.
2. You may have some slight pain for few days after the loop has been put, if the pain is severe return to the clinic.
3. You may see a few spots of blood in the first few weeks of the first three months.
4. Your periods will also be heavier for the first two months.
5. You can have intercourse five days after the device has been put in.
6. Do not use tampons
7. Avoid douching.
8. Return visits (every one month, then three months, then six months and then yearly.
9. Be sure to get instructions about *side effects* and how to relieve them;
 - i. *Heavy menstrual bleeding*
 - ii. *Discomfort (occasionally low backache, intermitted pain).*
 - iii. *Pain in the form of uterine cramp*
 - iv. *Intermenstrual bleeding up to three months*
 - v. *Vaginal discharge*

10. You should report any fever, purulent or foul vaginal discharge and severe abdominal pain.





☆ **Oral Contraception:**

A. Effectiveness:

If taken as directed, oral contraception are almost 100% effective. If taken correctly, only one in 1000 women become pregnant.

B. Method of Action:

Suppression of ovulation is the major method of action. Additional factors include altering the endometrium to make it unreceptive to implantation & altering cervical mucus to make penetration by sperm more difficult.

C. Contraindication:

1. Thrombus or embolus



2. Cerebrovascular accident
3. Coronary artery disease
4. Known or suspected carcinoma of the breast, uterus, cervix, or ovaries
5. Disease of the liver
6. Pregnancy

D. Relative Contraindication:

1. Migraine headache
2. Hypertension
3. Mononucleosis
4. Undiagnosed vaginal bleeding
5. Elective surgery planned with first OC cycle.
6. Major injury to lower extremities
7. 40 years of age or older coupled with another risk factor.
8. 35 years of age coupled with heavy smoking.
9. Diabetes
10. Gallbladder disease
11. Sickle cell disease
12. Delivery within the past 10-14 days
13. Cardiac or renal disease
14. Lactation
15. Smoking
16. Elevated cholesterol

E. Instruction for use:

1. Begin oral contraceptive at onset of menses. One tablet is taken daily for 21 days at approximately the same time of day. Following the 21 days, no tablets or one inert tablet on a daily basis after the 7 days of rest or inert tablet
2. A back up method should be utilized if the woman runs out of pills, forget to take a pill, discontinues the pill, and/or desires protection from sexually transmitted diseases
3. If the patient misses one pill, she should take the tablet as soon as remembered. If two or three pills are missed, a backup method must be employed.

4. If the woman smokes, she should stop smoking.

F. Early warning signs:

1. Abdominal pain, severe.
2. Chest pain
3. Severe headache
4. Eye problem
5. Severe leg pain

G. Follow-up:

After two or three cycles of OCs, blood pressure and weight should be taken and side effects and symptoms reviewed with the patient. Menstrual history on OCs should be reviewed.

H. Complications:

1. Amenorrhea can occur with the use of OCs. If this occurs, pregnancy should be ruled out.
2. Breakthrough bleeding on the first or second package of OCs is a common occurrence

I. Referral:

Physician consultation is required for the following:

1. Change in vision.
2. Numbness
3. Chest pain
4. Possible phlebitis
5. Severe recurrent headaches or new headaches
6. Increase in blood pressure with a diastolic pressure of more than 90 mm Hg.
7. Severe fluid retention
8. Depression
9. Scheduled surgery
10. Development of any of the contraindications to taking the OC

☆ **Fallopian Tube Ligation:**

It is tying or blocking the fallopian tubes to prevent sperm from reaching and fertilizing the ovum.

A. Pre-operative Care:

1. Woman should be tested for pregnancy because ectopic & intrauterine pregnancy although rare may occur.
2. Before undergoing tubal ligation the patient should be informed that, an IUD if present will be removed.
3. If the patient taking oral contraceptives she usual continues them up to the time of procedure
4. Patient should discuss how their plans might change if they were to divorce or lose their present children to death or illness
5. Follow-up visit is usually scheduled for one week after surgery.
6. Patient should be counseled to report signs of infection such as fever, syncope, or increasing abdominal pain.
7. Abnormal bleeding or pus or other fluid from the incision site should also be reported
8. Women should be advised immediately if they believe they have become pregnant because a high rate of ectopic pregnancy is associated with failure of the procedure.

B. Post Operative Care:

1. Assess the patient frequently for sign of bleeding “increase pulse rate, decrease blood pressure, perforated viscus, abdominal tenderness, guarding, decreased bowel sound”; report any significant findings to the physician.
2. If the patient has shoulder or sub costal discomfort from pneumoperitonun, ensure her that this usually lasts only for 24 hours. Minor analgesics usually relieve this discomfort
3. Patient should not eat for 8 to 12 hours before the surgery.
4. Patient should be instructed to bath or shower just before arrival for surgery because a one-day surgery will be performed.

C. Patient Teaching:

1. The patient should avoid intercourse, strenuous exercise and lifting for 2 weeks.
2. Women would be advised that the pain after surgery is usually managed with oral analgesics.

3. After surgery, women should be advised to rest for at least 29 hours and to resume normal activities gradually over the next week.
4. Typically, the sutures dissolve and the woman is allowed to bathe 2 days after the surgery.
5. Warm bath may relieve the gaseous distention that can occur with laparoscopy.

☆ **Other Contraception techniques:**

A. "FOLK" Methods:

1. Coitus interruption
2. Postcoital douche
3. Prolongation of lactation
4. Body basal temperature
5. Safe period

B. Mechanical Methods:

1. The male condom
2. The vaginal diaphragm
3. Cervical cap
4. "Sponge" the vaginal contraceptive.

C. Spermicidal preparations

D. Surgical Methods:

1. Vasectomy
2. Tubal ligation
3. Hysterectomy