Contraception

- 1. Contraception
- 2. ? HORMONAL ? ORAL ? INJECTABLE ? IMPLANT? INTRAUTERINE CONTRACEPTIVE DEVICES? BARRIER METHOD
- 3. CATEGORIES CLASSIFICATION1 A condition for which there is no restriction for the use of contraceptive method2 A condition where the advantages of using the method generally out weight the theoretical or proven risks3 A condition where the theoretical or proven risks usually out weight the advantages of using the method4 A condition which represent an unacceptable health risk of the contraceptive method is used
- 4. CATEGORY WITH CLINICAL WITH LIMITED CLINICAL JUDGEMENT JUDGEMENT1 USE THE METHOD IN ANY YES - USE THE METHOD CIRCUMSTANCES2 CAREFULLY USE THE YES - USE THE METHOD METHOD3 NOT USUALLY NO – DO NOT USED THE RECOMMENDED UNLESS METHOD NO OTHER MORE APPROPRIATE METHOD AVAILABLE4 METHOD NOT TO USED NO – DO NOT USED THE METHOD
- 5. Holistic approach should be taken when assisting woman in making contraceptives choices? Services should be organized to optimized access and choices? The method of birth control differ from each other in the timing of when they are used
- 6. Used specifically at the time of sexual intercourse e.g. condoms,diaphragm? Other method must be working all the time to provide protection e.g. hormonal ,IUD and sterilization.
- 7. contains two steroid hormones- estrogen&progesterone? Estrogen component of most modern COC is ethinyloestradiol(EE) in the dose range of 20- 50microgram? Progesterone component vary in different preperations
- 8. Progestogen Component ? second generation(e.g.norethisterone and levonorgestrel) ? third generation(desogestrel and gestodene)? Third generation have a higher affinity for the progesterone receptor and a lower affinity for androgen receptor- LESS SIDE EFFECT
- 9. In theory,they confer greater efficacy with fewer androgenic side effects? Also have fewer effects on carbohydrate and lipid metabolism than second generation compounds? However evidence has shown it has not resulted in a reduction in the risk of arterial wall disease or AMI
- 10. Either fixed dose or phasic? Phasic-the dose of oestrogen and progesterone changes once(biphasic) or twice(triphasic) in each 21 day course? Phasic preparations are designed to mimic the cyclical variations in hormone levels
- 11. Monophasic-all 21 active pills contain same amount of oestrogen and progesterone? Biphasic-21 active pills contain 2 different Oes/P combinations? Triphasic-21 active pills containing 3 different Oes/P combinations
- 12. Oestrogen component inhibits pituitary FSH secretion-suppresses follicle growth;progesterone component inhibits the LH surge ? inhibits ovulation? Cervical mucus becomes scanty and viscous- inhibits sperm transport
- 13. The endometrium becomes atrophic and unreceptive to implantation? Possibly direct effects on the fallopian tubes impairing sperm migration and ovum transport

- 14. Effectiveness ? Depends on user ?
- 15. Reduction of most menstrual cycle disorders:less heavy bleeding,therefore less anaemia,and less dysmenorrhoea? Regular bleeding,the timing of which can be controlled:fewer symptoms of premenstrual tension overall;no ovulation pain
- 16. Fewer functional ovarian cysts? Fewer extrauterine pregnancies? Reduction in pelvic inflammatory ds? Fewer symptomatic fibroids
- 17. Probable reduction in thyroid diseases? Probable reduction in risk of rheumatoid arthritis
- 18. Reduced risk of cancers of ovary and endometrium? Obvious beneficial social effects
- 19. Weight gain:ass with pills containing levonorgestrel(LNG) but not desogestrel or gestodene? Carbohydrate metabolism:minor effects on insulin secretion? Lipid metabolism:the effect on the ratios of total and LDL cholesterol to HDL cholesterol depends on the relative doses of Oestrogen/P rogestrogen and type of progesterone used
- 20. Venous disease: EE causes an alteration in clotting factors , promoting coagulation and increasing the relative risk of VTE in current COC users by 3- 4 fold compared to women not taking COC
- 21. COC containing 3rd generation progestogens(desogestrel and gestodene) possibly carry a small additional risk of VTE compared to that of 2nd generation? Risk of VTE is increased by:obesity,immobility,age,congenital and acquired thrombophilias
- 22. Arterial disease:the relative risk of MI and haemorrhagic stroke in current users with hypertension or who smoke is increased more than in non smoking users without hypertension,who are at no greater risk than non users? Relative risk of ischaemic stroke in normotensive current users who do not smoke is increased about 1.5-fold compared to non users.
- 23. This risks increases with increasing oestrogen doses and is greatly elevated by hypertension and smoking
- 24. Breast cancer-there is a small increase in the risk of dev breast cancer while woman are taking COC and for a few years after discontinuing;diminishing to the background risk after 10 years
- 25. Ovarian&Endometrial cancer-there is >50% reduction in the risk of dev ovarian and endometrial cancer after 5 years of COC usage,which lasts up to 15 years after the pill is stopped
- 26. Cancer of the cervix-an observed increase in the incidence of both CIN and cervical cancer in COC users maybe related to greater sexual activity without the benefit of barrier contraception in these women
- 27. Trophoblast disease-recommended that all sex hormones should be avoided while HCG levels are raised.However no data to suggest an increase risk of trophoblastic ds in pregnancies following COC use
- 28. Inherited and acquired thrombophilias? Past cerebral haemorrhage? Vascular malformation of the brain? Significant structural heart ds? Pulmonary hypertension
- 29. Proven past arterial or venous thrombosis? IHD? Severe multiple risk factors for venous or arterial ds? Focal migraine? TIA? Artherogenic lipid disorders
- 30. Active liver ds(i.e.with abnormal liver function test)? Liver adenoma or carcinoma? Gallstones? Acute hepatic porphyrias

- 31. Pregnancy? Undiagnosed genital tract bleeding? Oestrogen dependent neoplasms,e.g breast cancer
- 32. Undiagnosed oligomenorrhoea? Cigarette smoking above age 35? Diabetes? Non focal migraine? Sickle cell disease? Inflammatory bowel ds? Obesity(if ass with other risk factors)
- 33. Controlled by the woman? Stopped at any time without health provider help? Do not interfere with sexual activity
- 34. Safe and suitable for nearly all woman? At any age including adolescent woman > 40? Following a miscarriage? Without pelvic examination? Without cervical cancer screening? Without a breast examination
- 35. Progestin-only pills? Depo-provera? Norplant? Implanon
- 36. POP
- 37. Suppress ovulation? Reduce sperm transport in upper genital tract (fallopian tubes)? Thicken cervical mucus ? preventing sperm penetration
- 38. Effective when taken at the same time daily (0.05-5 pregnancies per 100)? Immediately effective (