

Sexual Education II

Contraception and Birth Control

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Methods of Contraception and Birth Control

*Birth Control and Contraception:

*What's the Difference?

Birth Control and Contraception

- * What is the difference?
 - *Birth Control: Preventing birth from taking place.
 - *IUD (Intrauterine device)
 - Emergency contraceptive pills
 - *RU-486
 - Surgical Abortion

Birth Control and Contraception

- Contraception: Preventing conception (preventing the sperm and the egg from uniting)
 - *Barrier methods
 - Condoms, diaphragms, Spermicides
 - Hormonal methods,- The Pill Injections Implants
 - ❖ Abstinence, Fertility awareness and sterlization

The Risk of getting pregnant

- ❖ If intercourse occurs the day before ovulation, the chance of pregnancy is about 30%.
- * Once released, the egg is capable of being fertilized for 12 to 48 hours before it begins to disintegrate.
- ❖ In normally fertile couples there is a 25 percent chance of getting pregnant each cycle.

The Risk of getting pregnant

- ❖ The sperm can live in the body for approximately 4 to 5 days, and the egg can live for 24 to 48 hours after being released.
- ❖ Since the egg cannot survive for more than a day, this is the fertile window available to a woman to attempt getting pregnant.
- ❖ Over the course of one year, couples who do not use contraception have a 75-85 % chance of pregnancy.

Methods of Contraception and Birth Control

- Choosing a Method
 - The best method is the one you will use consistently and correctly
 - Know the reliability of a certain method
 - Know the advantages and disadvantages
 - *Be aware of the Side effects
 - * know the risks of each



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Methods of Contraception and Birth Control:

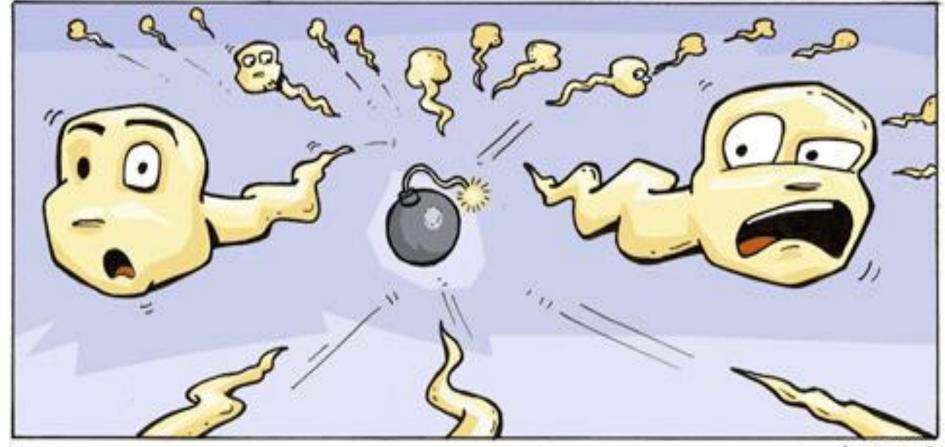
- 1. Hormonal (ECP, pills, inj, implants..)
- 2. Barriers
- 3. IUD (Intrauterine Device)
- 4. Methods based on information
- 5. Permanent sterilization



Methods of Contraception and Birth Control Emergency Contraception

- *Emergency contraception pills (ECP) can reduce the chance of a pregnancy by 75% if taken within 72 hours of unprotected sex!
- *Two sets of pills taken exactly 12 hours apart. (prevent ovulation).









Emergency Contraception

Methods of Contraception and Birth Control

- Hormonal Methods
 - The pill
 - Implants
 - *Injections

- Combination of estrogen and progestin (some progestin only)
- Inhibits ovulation
- * Thickens the cervical mucus
- Changes the lining of the uterus to inhibit implantation of the fertilized ovum
- Alter the rate of ovum transport
- *99.5 % effective (if used correctly) (92 %)

Advantages

- Easy to use
- *Dependable



- No additional appliances
- Can regulate menstrual flow and decrease cramps and other symptoms of menses

Problems

- *Side effects
 - Changes in menstrual flow
 - ❖Breast tenderness (pain upon touching)
 - ❖Nausea, Vomiting, abdominal pain, headaches
 - ♦Wt. gain or loss
 - **❖Increase risk of breast cancer (24%).**
 - *Risk of thromboembolism (blood clots in arteries and veins).

Contraindications

- Heart disease
- * Kidney disease
- ❖ Asthma
- High blood pressure
- Diabetes
- Epilepsy
- ❖ Gall bladder disease
- ❖ Sickle-cell anemia
- Migraine headaches
- * depression,



* DO NOT TAKE THE PILL IF YOU SMOKE

Implants

- Implants are placed in the body filled with hormone that prevents pregnancy.
- Physically inserted in simple 15 minute outpatient procedure
- *Plastic capsules the size of paper matchsticks inserted under the skin in the arm.
- ❖99 % effectiveness rate

Implants: Advantages

- Convenience
- Eliminate user error
- ❖No menses or very light
- Decreased cramping
- Should be considered for long term birth control.
- * Requires no upkeep ©
- ❖ 99% effective in preventing pregnancy

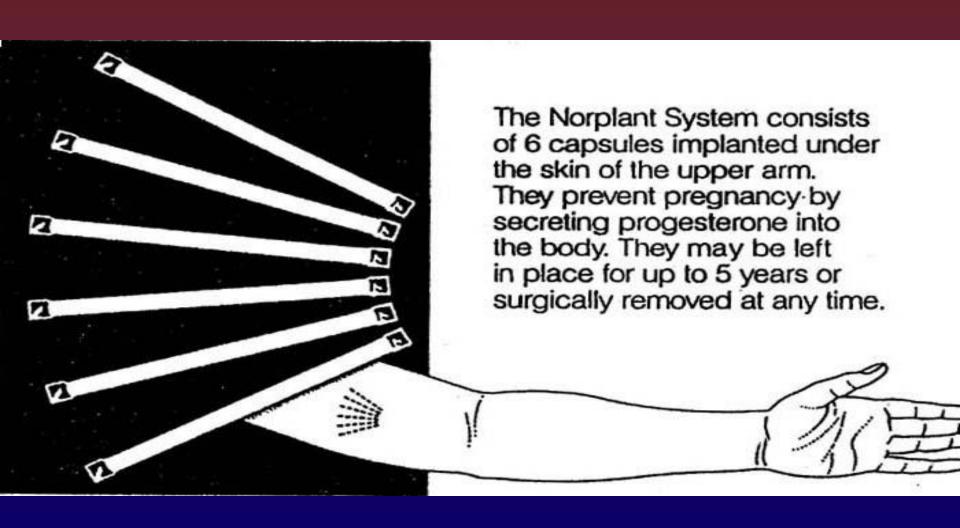
Implant: Problems

*Requires a procedure to be removed

Side effects

*Similar to the pill





Injectable Contraceptives

- *Depo-Provera (DMPA) Progesterone
 - Can stop menses
 - *Side effects include
 - Spotting, wt. gain, headaches, breast tenderness, dizziness, loss of libido and depression
 - Similar to the pill in all aspects
 - ♦99% effective
 - Given every three months

Barrier Methods

- * Spermicides
- *The Male condom:
- Female condom
- * Diaphragm
- *Cervical cap
- *Sponge

Spermicides

- ❖ Nonoxynol-9
- *Only 76% effective (used alone), should be used in combination with another method i.e., condoms
 - ❖ Foam
 - ❖ gel
 - * Film
 - Creams, jellies and suppositories

The Male Condom

- Most common and effective barrier method when used properly
- Latex and Polyurethane
- Prevention pregnancy and spread of STI's (including HIV)
- Effectiveness rate = 88-97%
- condoms + spermicides = 99%

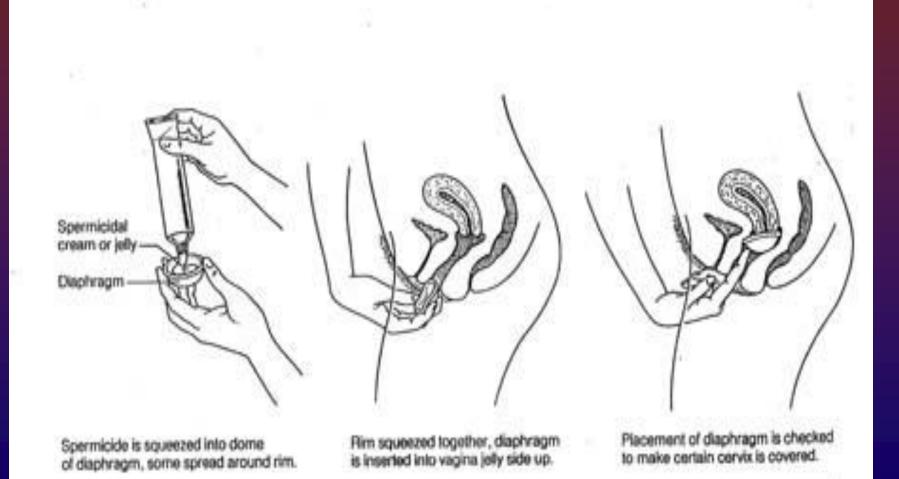
The female condom

- Made as an alternative to male condoms
- * Polyurethane
- Physically inserted in the vagina
- ❖ Effectiveness rate = 79-95%
- Woman can use female condom if partner refuses.

Reality TM: The Female Condom



The Diaphragm

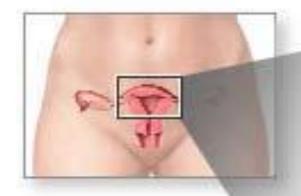


The Cervical Cap

- * Latex barrier inserted in vagina before intercourse
- "Caps" around cervix
- Fill with spermicidal jelly prior to use
- Can be left in body for up to a total of 48 hours
- Must be left in place six hours after sexual intercourse
- ❖ Perfect effectiveness rate =80-91%.
- Not Popular

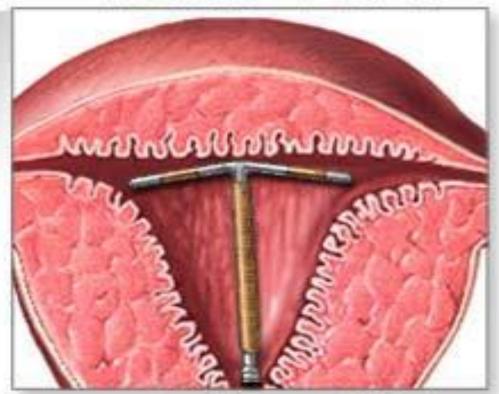


- * Intrauterine device
- ❖ Copper and plastic (Copper T-380A) 10 years
- Plastic and Progesterone (progestasert IUD) 1 year
- **❖** 90-96 % effective
- Increased risk of PID (pelvic inflammatory disease)
- Check the strings before having intercourse





Cut-section of uterus



Intrauterine devices (IUDs) are molded plastic devices (some containing copper) which disrupt the normal uterine environment



4.METHODS BASED ON INFORMATION

- *Withdrawal and outercourse
- *Natural Family Planning
- Fertility Awareness Method
- Abstinence

Withdrawal

- Removal of penis from the vagina before ejaculation occurs
- * NOT a sufficient method of birth control by itself
- * Effectiveness rate is 80% (wide variation)
- ❖ 1 of 5 women practicing withdrawal become pregnant.
- Very difficult for a male to 'control'

Fertility Awareness Methods

- Calendar or rhythm method
 - Midway in cycle
- ❖ Basal body temperature (BBT) method
 - ❖ Increase in body temperature
- Cervical Mucous Method
 - Clear slippery mucous
- Symptothermal method
 - Combination of BBT and Cervical Mucous methods

Abstinence

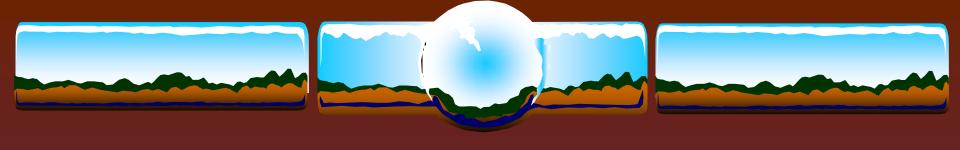
100% effective

- Choosing not to have intercourse
- Outercourse
 - Sexual activity without penetration!!!!
 - Virgins can get pregnant because sperms can pass through the hymen.

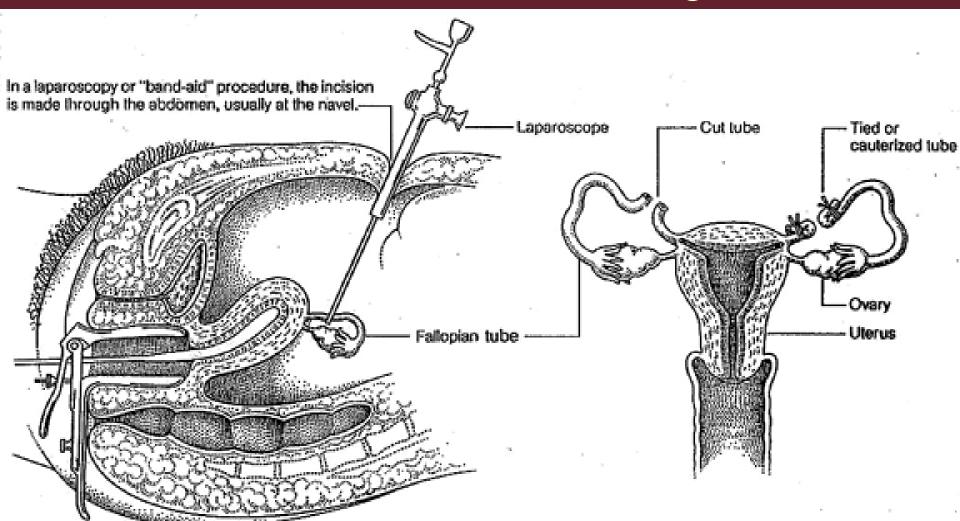
Sterilization

- Procedure performed on a man or a woman.
- *Permanent sterility.Irreverssible

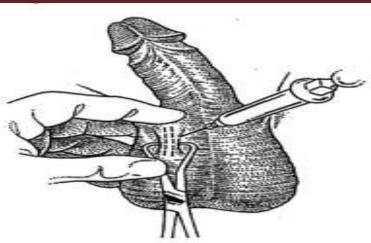
- ❖ Female = Tubal Ligation(failure rate 0.8-3.7%).
- ❖ Male = Vasectomy (failure rate 0.8%).



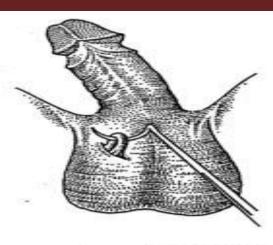
LAPAROSCOPY- Tubal ligation



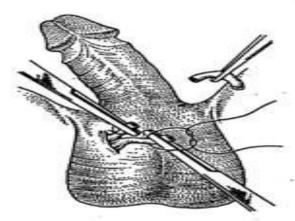
VASECTOMY



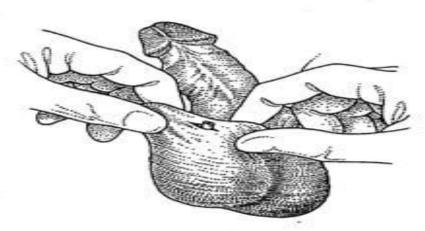
 a. Physician locates vas deferens and injects local anesthetic.



 b. Incision is made in scrotum and vas is isolated from surrounding tissue.



 Segment of vas is removed and the ends are tied.



d. Vas is returned to position, incision closed, process repeated on other side.



- ❖ Is the way the product of conception leaves the uterus:
- Spontaneous abortion (miscarriages)
- Induced abortion-

Induced Abortion (done for a reason)

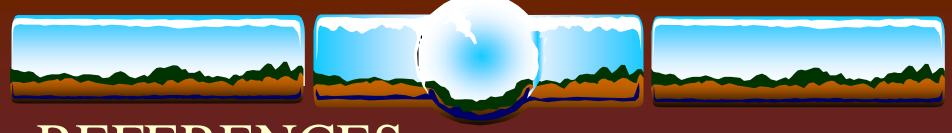
- Drug induced
 - ❖Mifepristone (RU-486)
- Surgical Methods
 - Vacuum aspiration
 - *Dilation and evacuation.
 - Saline, prostaglandins and urea (after the first trimester)

Acceptable reasons for abortion

- * IUD failure
- * hormonal contraception failure,
- very young or too old age,
- exposure to X-rays,
- * divorce
- * exposure to chemotherapy.
- Pregnancy after rape
- * Abnormal baby discovered by tests

Contraception & Birth Control: Summary

- ❖ No single method is 100% effective at preventing infection or pregnancy.
- 6 of 10 U.S. pregnancies are unplanned
- Most teens do not plan to have sex the first time and forget to use a birth control method.
- Unwanted pregnancy results in social problems for the mother and for the child.



REFERENCES:

- 1. <u>www.plannedparenthood.org/bc</u> Hatcher, Robert, MD *Contraceptive Technology*, 17ed. (2001).
- 2. Nathan Matza, MA, DrPH(c), CHES

Adapted from Clinical Staf Huntington Beach Community Clinic, © 2002 Revised 4/02

3. www.americanpregnancy.org