

Contraception

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Contraception. Is the intentional prevention of pregnancy during sexual intercourse.

Birth control. Is the device or practice used to decrease the risk of conceiving, or bearing , offspring.

Family planning is the conscious decision on when to conceive, or avoid pregnancy, throughout the reproductive years.

Informed consent is a vital component in the education of the patient concerning contraception or sterilization.

The nurse has the responsibility of documenting information provided and the understanding of that information by the patient.

The ideal contraceptive should be safe, easily available, economical, acceptable, simple to use, and promptly reversible.

Using the acronym *BRAIDED* may be useful

B — Benefits: information about advantages and success rates

R — Risks: information about disadvantages and failure rates

A— Alternatives: information about other available methods

I — Inquiries: opportunity to ask questions

D— Decisions: opportunity to decide or to change mind

E — Explanations: information about method and how it is used

D— Documentation: information given and patient's understanding

Contraceptive failure rate refers to the percentage of contraceptive users expected to have an accidental pregnancy during the first year, even when they use a method consistently and correctly.

Contraceptive effectiveness varies from couple to couple and depends on both the properties of the method and the characteristics of the user.

Failure rates decrease over time, either because a user gains experience by using a method more appropriately or because those for whom a method is less effective stop using it.

Safety of a method depends on the woman's medical history. Barrier methods offer some protection from STIs, and oral contraceptives may reduce the incidence of breast, ovarian, and endometrial cancer but increase the risk of thromboembolic problems.

Methods of contraception

1- Coitus interruptus

(Withdrawal or pulling out) involves the male partner withdrawing the entire penis from the woman's vagina and moving away from her external genitalia before he ejaculates.

Adolescents and men with premature ejaculation may find this method difficult to use.

Advantages

- Immediately available
- Costs nothing
- Involves no hormonal alterations or chemicals

The percentage of women who will experience an unintended pregnancy within the first year of typical use (failure rate) of withdrawal is about 27%.

- Some religions and culture prohibit this technique.
- Coitus interruptus does not protect against STIs or HIV.

2- Fertility awareness methods (FAMs)

FAMs of contraception depend on identifying the beginning and end of the fertile period of the menstrual cycle. Women who want to use FAMs about the menstrual cycle, three phases should be identified:

- a. Infertile phase: before ovulation
- b. Fertile phase: approx. 5 to 7 days around the middle of the cycle, including several days before, during, and the day after ovulation.
- c. Infertile phase: after ovulation

FAMs consist of nearly a dozen categories. Each one uses a combination of charts, records, calculations, tools, observations, and either abstinence (natural family planning) or barrier methods.

Advantages

- Low to no cost
- Absence of chemicals and hormones
- Lack of alteration in the menstrual flow pattern.

Disadvantages

- Keeping strict records and attending time consuming training sessions to learn about the method may be difficult.
- Decreased spontaneity of coitus
- External influences such as illness can alter a woman's core body temperature and vaginal secretions,
- FAMs have decreased effectiveness in women with irregular cycles.

- Failure rate for most FAMs is 25% during the first year of use
- FAMs does not protect against STIs or HIV

FAMs involve several techniques;

A. Natural family planning (NFP)- Periodic abstinence

Provides contraception by using methods that rely on avoidance of intercourse during fertile periods.

- It is the only contraceptive practices acceptable to the Roman Catholic Church.

The human ovum can be fertilized no later than 16 to 24 hours after ovulation. Motile sperm have been recovered from the uterus and the oviducts as long as 60 hours after coitus. However, their ability to fertilize the ovum probably lasts no longer than 24 to 48 hours. Pregnancy is unlikely to occur if a couple abstains from intercourse for 4 days before and for 3 or 4 days after ovulation (fertile period). Unprotected intercourse on the other days of the cycle (safe period) should not result in pregnancy.

Disadvantages of this method:

1. the exact time of ovulation cannot be predicted accurately, and couples may find it difficult to exercise restraint for several days before and after ovulation.
2. Women with irregular menstrual periods have the greatest risk of failure with this form of contraception.

The typical failure rate is 25% during the first year of use.



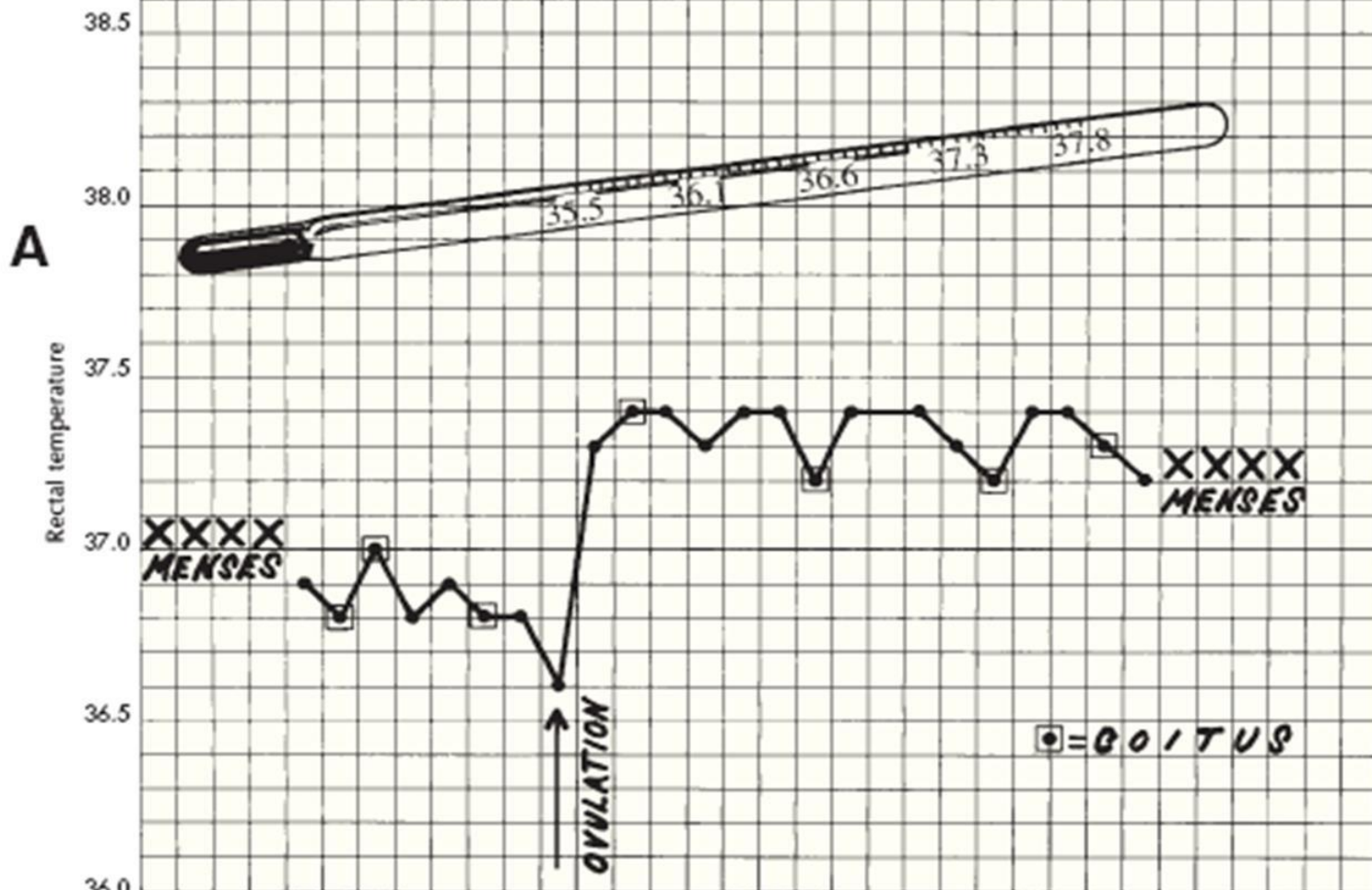
B- Standard days method -Cyclebeads. Red bead marks the first day of the menstrual cycle. White beads mark days that are likely to be fertile days; therefore unprotected intercourse should be avoided. Brown beads are days when pregnancy is unlikely and unprotected intercourse is permitted.

- The typical failure rate for the SDM is 12% during the first year of use

Name _____ History number _____

OVULATORY CYCLE (BIPHASIC)

Cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34			
Year	2006																																				
Month	JAN.											FEB.																									
Day	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										



B

3- Barrier methods

- **Spermicides**

Works by reducing the sperm's mobility, the chemicals attack the sperm flagella and body, thereby preventing the sperm from reaching the cervical os.

- Some spermicides should be inserted at least 15 minutes before, but no longer than 1 hour before, sexual intercourse. Spermicides needs to be reapplied for each additional act of intercourse.
- Nonoxynol-9 (N-9), the most commonly used spermicidal chemical in the United States, is a surfactant that destroys the sperm cell membrane.
- Failure rate for spermicide **use alone** is 29%.

foams, tablets,
suppositories,
creams,
films, and gels



- The spermicide should be inserted high into the vagina so that it makes contact with the cervix.

