

## FAMILY PLANNING/REPRODUCTIVE HEALTH TRAINING MANUAL FOR PRIVATE SECTOR PHYSICIANS




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## DAY TWO

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### Session 1

#### □ Topics:

- IUDs

#### □ Objectives-

By the end of the session the participant will be able to:

- Identify CuT 380A and Mirena with respect to effectiveness, indications, WHO eligibility criteria, side effects and management of selected problems.
- Identify common rumors about IUDs and how to respond to it.

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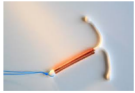
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## CuT – 380 A IUD

### □ What is an IUD ?

A Small, flexible plastic frame with copper sleeves or wire around it ,works primarily by causing chemical changes that affect sperm and ovum before they meet ( interferes with fertilization).

### □ Effectiveness:

- It is one of the most effective long acting reversible methods ( LARCs).
- Effective for 12 years, immediately reversible.
- Less than 1 pregnancy occurs per 100 women using IUD in the first year.
- Over 10 years of use : about 2 pregnancies occur per 100 women.

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## CuT – 380 A IUD (cont)

### □ Advantages of using IUD:

- Preferred by many women.
- Very effective, Long acting.
- Has no future costs after insertion (inexpensive).
- Does not require women to do much follow up after insertion.

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## CuT – 380 A IUD (cont)

### □ It is important for the provider to correct the following myths about IUD :

- Does not move to other parts in the body (heart , brain....).
- Does not cause discomfort during sex.
- Substantially reduces the risk of an ectopic pregnancy.

### □ Who can use an IUD?

- women who have or have no children.
- women of any age.
- women who are breastfeeding.

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### CuT – 380 A IUD (cont)

#### □ Side effects:

- Changes in bleeding pattern ,especially in the first 3-6 months:  
Prolonged or heavy periods.  
Irregular bleeding.
- Cramps/pain during periods.
- May contribute to anemia (uncommon).
- PID may rarely occur if the woman has STIs ( Chlamydia or Gonorrhea) at the time of insertion.
- Miscarriage, preterm birth or infection in rare cases of pregnancy with IUD in place.
- Perforation is a very rare complication and usually heals without treatment.

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### CuT– 380 A IUD (cont)

#### □ When to start?

A woman can start the IUD at any time it is reasonably certain she is not pregnant (pregnancy checklist annex3).

- ❖ **Switching from another method:** immediately if she has been using the method consistently and correctly.
- ❖ **Shortly after childbirth:** within 48, If it is more than 48 hours after giving birth, delay until 4 weeks or more.

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### CuT– 380 A IUD (cont)

- ❖ **After miscarriage or abortion:** immediately if within 12 days in case of 1<sup>st</sup> or 2 trimester abortion with no signs of infection. After 12 days , can be inserted at any time as long as it is reasonably certain she is not pregnant.
- IUD insertion after 2nd trimester miscarriage or abortion requires specific training. If not specifically trained, it should be delayed to 4 weeks or more.

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### CuT – 380 A IUD (cont)

#### □ Who can not use IUD? (category 4 of medical eligibility criteria)

- Between 48 hours and 4 weeks after childbirth.
- Unusual (undiagnosed) vaginal bleeding.
- Certain gynecological problems such as genital cancer or TB.
- Noncancerous (benign) gestational trophoblast disease.
- AIDS unless she is clinically well and on ARV therapy.
- High risk for Chlamydia or gonorrhea.
- Pregnancy.

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### CuT – 380 A IUD (cont)

#### □ Screening questions for pelvic examination before IUD insertion:

**Ask the following 7 questions, if the answer is yes to any of them ,do not insert an IUD :**

- Is there any type of ulcer on the vulva , vagina or cervix?
- Does the client feel pain in the lower abdomen when you move the uterus?
- Is there adnexal tenderness ?

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### CuT – 380 A IUD (cont)

- Is there purulent cervical discharge ?
- Does the cervix bleed easily on touch ?
- Is there anatomical abnormality of the uterine cavity that will prevent correct IUD insertion?
- Were you unable to determine the size and or position of the uterus ?

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### Managing selected Problems

- ❑ **Husband can feel strings:** explain that this happens sometimes if threads are cut too short.
- ❑ **Suspected uterine perforation:**
  - if suspected during insertion or sounding stop procedure and remove IUD ( if inserted), observe in the clinic for few hours if stable , no signs of hemorrhage , send client home, ask her to avoid sex for 2 weeks.
  - If there are signs of Hemorrhage, refer to a higher level.
  - If perforation is suspected 6 weeks after insertion or later and causing symptoms refer client for evaluation.

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### Managing some Problems (Cont)

- ❑ **Partial expulsion:** remove.
- ❑ **Missing strings possibilities:**
  - ✓ Pregnancy, Perforation, or Expulsion.
  - Ask client about last time she felt threads.
  - If IUD came out, when was her last period, then check for symptoms of pregnancy, search for strings in the CX with forceps and exclude pregnancy.

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### Managing some Problems (Cont)

- ❑ **Suspected pregnancy :**
  - Exclude ectopic pregnancy, explain the risk of preterm delivery or miscarriage including septic miscarriage during 1st or 2nd trimester ( life threatening ).
  - If the client **wants to keep pregnancy**, advise her it is best to remove IUD.
  - Gently remove IUD or refer client for removal:
    - if strings seen pull out.
    - if strings not seen do ultrasound).
    - If client chooses to keep IUD ,her pregnancy must be followed closely, advise her to come immediately if she develops signs of miscarriage or septic miscarriage.
    - Ultrasound examination is recommended when strings are not seen and IUD cannot be safely retrieved .

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### Managing some Problems (Cont)

#### □ Spotting

- Happens for a few days before onset of menstruation:

Reassure the client that spotting is common.

- Intermenstrual:

Remind the client of the Al-Azhar fatwa that this is “Istehada” and should not prevent her from performing religious duties e.g., praying and fasting.

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### Managing some Problems (Cont)

#### □ Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)

- Reassure her that many women using IUDs experience heavy or prolonged bleeding. It is generally not harmful and usually becomes less or stops after the first several months of use, advise her to eat foods containing iron.
- She can try Tranexamic acid (1500 mg ) 3 times daily for 3 days then(1000 mg ) once daily for 2 days.
- NSAIDs such as Ibuprofen (400 mg) 2 times daily after meals for 5 days.

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### Managing some Problems (Cont)

#### □ If heavy or prolonged bleeding continues or starts after several months of normal bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use.

- If severe and persists, remove the IUD.
- If persists after removal of IUD, (Refer) to hospital for evaluation.

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## Mirena

### □ What is Mirena?

- Levonorgestrel –releasing Intra Uterine System.
- Mirena contains 52 mg of Levonorgestrel ( LNG). Initially, LNG is released at a rate of 20 mcg /day .This rate decreases progressively to half value after 5 years.

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## Mirena

### □ Mechanism of action:

- Mirena IUD releases progesterone that thickens the cervical mucus, thins the lining of the endometrium and partially prevents ovulation.

### □ Effectiveness:

- It is over 99% effective .
- Mirena is effective for up to 5 years .

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## Mirena overview

- Treats heavy periods.
- Bleeding and spotting may increase in the first 3-6 months and remain irregular.
- Periods overtime usually become shorter, irregular or may stop.
- Mirena does not protect against STIs or HIV.
- May be expensive.

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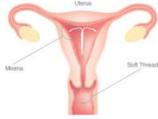
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## Mirena overview

- Mirena must be removed by the end of the fifth year and can be replaced at the time of removal with a new Mirena if continued contraception is required .
- **Ectopic pregnancy** : evaluate women for ectopic pregnancy if they become pregnant with Mirena because the likelihood of pregnancy being ectopic is increased up to half of pregnancies.



## أهم الشائعات المتعلقة باللولب

- **اللولب ييسررح داخل البطن ويصل للقلب:** يركب اللولب داخل الرحم (من خلال قناة عنق الرحم) ونحن نعرف أن الرحم عبارة عن تجويف مغلق من جميع الجهات وليس له أي اتصال بتجويف البطن إلا من خلال الفتحة الطرفية لقناة فالوب والتي يفترقها بأقل من 1 ملليمتر ولا يسمح بمرور أي شيء أكبر من البويضة (التي لا ترى إلا بالميكروسكوب).
- **اللولب يبدخل دماغ الجنين لو حصل حمل:** إذا حدث حمل فإن الجنين يكون داخل كيس (البرنس) يعزله تمامًا عن كل ما بداخل الرحم بما في ذلك اللولب ولا يمكن بأي حال من الأحوال أن يلامس اللولب أي جزء من الجنين.
- **تحتاج السيدات لفترة راحة بعد إزالة اللولب:** هذا الفرض غير صحيح على الإطلاق ويمكن للسيدات اللاتي يقمن بإزالة اللولب بعد نهاية فترة السنوات الاثنتا عشر أو في أي وقت أن يركب لهن لولب جديد في نفس الوقت أو أن يستعملن أي وسيلة من وسائل تنظيم الأسرة إذا رغبن في تغيير الوسيلة.
- **اللولب ممكن يسبب ثقب في الرحم عند تركيبه:** هذا يحدث نادرًا لأن الطبيب الذي يقوم بتركيب اللولب قد حصل على التدريب الذي يجعله ذو كفاءة عالية في اتباع الخطوات الأساسية و الصحيحة في تركيب اللولب.

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## Session 2

### □ Topics:

- IUD insertion and removal on pelvic models.

### □ Objectives-

**By the end of the session the participant will be able to:**

- ✓ Explain steps of IUD insertion and removal.
- ✓ Demonstrate competence in IUD insertion and removal on pelvic models using the clinical skills checklist.
- ✓ Explain follow-up care of IUD.

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### Basic Principles for IUD Insertion

- ❖ Before any steps alert the lady that the process might cause pain.
- ❖ Gentle techniques minimize discomfort.
- ❖ Use No-touch technique.
- ❖ The cervix and vagina should be thoroughly painted with antiseptic such as Iodophor (Betadine®)
- ❖ The uterine cavity should always be sounded to confirm the position of the uterus and the depth of the cavity.
- ❖ Set the depth gauge on the IUD to the level on the uterine sound.
- ❖ Insert the IUD high in the fundus of the uterus by withdrawal technique, as there is less risk of expulsion.

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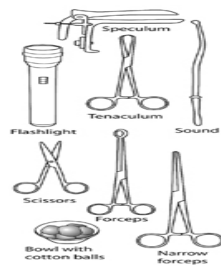
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### Procedure for Inserting IUD

- Wash hands and put on sterile or high level disinfected gloves
- Insert the speculum. Thoroughly clean the cervix with an antiseptic solution
- Apply sterile Tenaculum at the 10 o'clock and 2 o'clock positions on the cervix.



Needed Instruments

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### Procedure for Inserting IUD

#### ❑ Uterine Sounding:

- ❖ Pick up the handle of the sound, do not touch the tip.
- ❖ Turn the sound so that it is in the same direction as the uterus.
- ❖ Gently pass the sterile tip of the uterine sound into the cervical canal.
- ❖ Keep a firm grip with the Tenaculum.

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### Procedure for Inserting IUD

- ❖ Carefully and gently, insert the uterine sound in the direction of the uterus while gently pulling steadily downwards and outward on the Tenaculum
- ❖ Do **not** attempt to dilate the cervix
- ❖ If client begins to show symptoms of fainting or pallor with slow heart rate, **STOP**.

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### Procedure for Inserting IUD

- ❖ Slowly withdraw the sound, it will be wet and darker where it was in the uterus.
- ❖ Place the sound next to the IUD and set the blue depth gauge at the depth of the uterus.
- ❖ Determine the length of the uterus by noting the mucus and or blood on the sound.
- ❖ The average uterus will sound to a depth of 6 to 8 centimeters.

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### Instructions for Loading the CUT 380A in the Sterile Package

#### □ Non-touch Loading of the CuT 380A

- Make sure that the vertical stem of the T is fully inside the inserter tube
- Place the package on a clean, hard, flat surface with the clear



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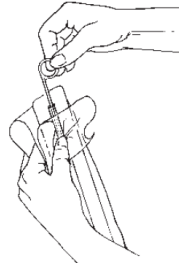
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### Instructions for Loading the CUT 380A in the Sterile Package

- Pick up the package, holding the open end up towards the ceiling so that the contents do not fall out.
- Release the **white backing flap** so that it is flat, and place the package on a flat surface with the **clear plastic side up**.
- Through the **clear plastic cover**, place your thumb and index finger over the ends of the **horizontal arms** of the T and hold the T in place.



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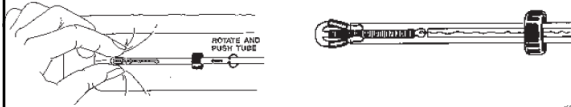
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### Instructions for Loading the CUT 380A in the Sterile Package

- Continue bending the arms of the T by bringing the thumb and index finger together.
- When the arms have folded enough to touch the sides of the inserter tube, pull the inserter tube out from under the tips of the arms.
- Push and rotate the inserter tube onto the tips of the arms so that the arms become trapped inside the inserter tube
- Insert the folded arms into the tube only as far as necessary to ensure retention of the arms.



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### Instructions for Loading the CUT 380A in the Sterile Package

- The blue depth gauge on the inserter tube is used to mark the depth of the uterus
- Holding the blue depth gauge in place through the clear plastic wrapper, grasp the inserter tube at the open end of the package with your free hand.
- Pull the inserter tube gently until the distance between the top of the folded T and the edge of the blue depth gauge closest to the T is equal to the depth of the uterus as measured on the uterine sound.
- Rotate the inserter tube so that the long axis of the blue depth gauge is on the same horizontal plane as the arms of the T.

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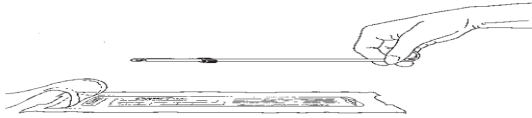
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### Instructions for Loading the CuT 380A in the Sterile Package

- The IUD is now ready to be placed in the woman's uterus. Carefully peel the clear plastic cover of the package away from the white backing.
- Lift the loaded inserter, keeping it horizontal, so that the (T) doesn't fall out.
- Be careful not to push the white rod towards the T until you are ready to release the T in the fundus.



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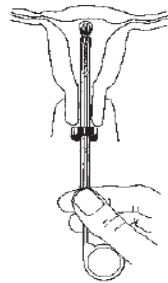
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### Inserting the Loaded CUT 380A IUD

- Grasp the Tenaculum and pull firmly to pull the uterine cavity and cervical canal in line with the vaginal canal.
- Gently place the loaded inserter tube through the cervical canal.
- Keep the blue depth gauge in a horizontal position.
- Advance the loaded IUD until the blue depth gauge touches the cervix or resistance of the uterine fundus is felt.
- Keep the blue depth gauge in a horizontal position.



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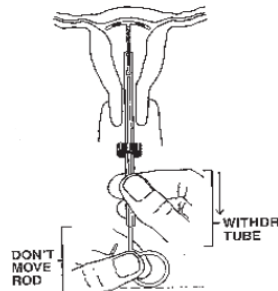
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### Inserting the Loaded CUT 380A IUD

- Hold the Tenaculum and the white rod in place in one hand.
- With your other hand, withdraw (pull toward you) the inserter tube until it touches the thumb grip of the white rod.
- This will release the arms of the TCU 380A high in the uterine fundus.



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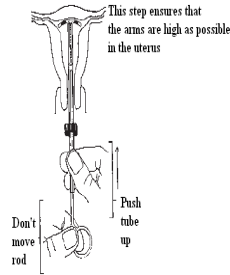
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### Inserting the Loaded CUT 380A IUD

- Once the arms have been released, again very gently and carefully, push the inserter tube upward, toward the top of the uterus, until you feel a slight resistance.
- This step ensures that the arms of the T are as high as possible in the uterus.
- Hold the inserter tube still while removing the white rod.



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### Inserting the Loaded CUT 380A IUD

- Gently and slowly withdraw the inserter tube from the cervical canal.
- The strings should be visible protruding from the uterus.
- Cut the strings so that they protrude only three to four centimeters into the vagina.
- Remove the tenaculum.
- If the cervix is bleeding from the tenaculum site, press a swab to the site, using clean forceps, until the bleeding stops.
- Gently remove the speculum and put all of the instruments used in liquid soap and water

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### IUD Follow-Up Care

#### □ Routine follow-up visits:

- First follow-up three to six weeks after IUD insertion
- The client can return for a visit to have the IUD removed when it has been in place for the recommended number of years, (12 years for the T Cu 380A) or when client wishes to have it removed for any reason.
- Visit if she has questions, concerns, or any of the following signs/symptoms she thinks may be caused by the IUD.

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### IUD Follow-Up Care (Cont)

#### □ Any time she had:

- Fever, chills (a possible sign of infection).
- Increasing or severe abdominal pain.
- Pain during intercourse.
- Purulent or foul smelling discharge.
- If she thinks the IUD might be out of place (strings become shorter, longer, or missing).
- If she thinks she might be pregnant.

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### Session 3

#### □ Topic: Other Methods:

- Barrier methods.
- Local methods.
- Natural methods.

#### □ Objectives:

#### By the end of the session participants will be able to:

- ✓ Discuss effectiveness, side effects, health benefits and risks of barrier and local methods.
- ✓ Explain the natural methods : LAM, fertility awareness method and withdrawal.

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### Barrier Methods

- Barrier method means there is a physical device to prevent sperm from entering the woman's reproductive tract.
- Examples of barrier birth control methods include: Female and male **Condoms, Diaphragms, .....**
- Effective at preventing pregnancy and some STIs when used consistently and correctly.
- Using a spermicide with a barrier method gives you the best possible barrier method protection.

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## Barrier methods

### □ Advantages of all barrier methods:

- Easy to initiate or discontinue.
- Immediate return to fertility.
- Are only used at the time of sexual intercourse.
- Are safe for a woman to use while she is breastfeeding.
- Do not affect other health conditions, such as high blood pressure or diabetes.
- Are less expensive than hormonal methods, and some are available without a prescription.
- Condoms also are the best method for reducing the risk of sexually transmitted infections, including HIV.

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## Male condoms



### □ What are male condoms:

- Most condoms are made of thin latex rubber, some are coated with a lubricant and/or spermicide.

### □ Mechanism of action:

- The condom forms a barrier that prevents sperms from reaching the cervix during sex.
- Before having sex, place the condom on the erect penis.

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## Male condoms (cont)

### □ Effectiveness:

- As commonly used about 15 pregnancies per 100 women whose partners use male condom over the first year (85%).
- Return of fertility after use male condom is stopped: no delay.

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### Male condoms (cont)

#### □ Advantages:

- Protect against risks of pregnancy.
- It protects from acquiring or transmitting STIs including HIV.
- Can be used as a temporary or backup method.
- Can be used without seeing a health provider.
- Increase male participation in family planning.

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### Male condoms (cont)

#### □ Disadvantages:

- May decrease sensation, making sex less enjoyable for either partner.
- May cause an allergic reaction to latex rubber.
- It might take time to put the condom on the erect penis before the penis touches the woman's genital and hence husband may lose erection.

#### □ Side effects:

- None.

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### Male condoms (cont)

#### □ How to use:

- Use a new male condom for each act of sex.
- Before any vaginal contact, place the condom on the tip of the erect penis, the rolled side should be on the outside.
- Unroll the condom all the way to the base of the erect penis, if the condom does not unroll, it may be on backwards, damaged, or too old.
- Use water or a water – based lubricant on the outside of the condom this helps prevent breaks, do not use creams, oils, or petroleum jelly.
- Immediately after ejaculation, hold the rim of the condom in place, withdraw the penis while it is still erect, and be careful not to spill semen when withdrawing the penis or taking off the condom.
- Store condoms in a dark, cool, dry place if possible.

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## Female condoms



### ❑ What are female condoms?

- The female condom is a sheath made of a transparent latex with flexible rings at both ends, it is the same length as a male condom.

### ❑ Mechanism of action:

- Before having sex, place the female condom into the vagina.
- The condom forms a barrier that keeps sperms out of the vagina during sex and hence prevents pregnancy.

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## Female condoms (cont)

### ❑ Effectiveness:

- As commonly used about 21 pregnancies per 100 women using FC over the first year.
- Return of fertility after use FC is stopped.

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## Female condom (cont)

### ❑ Advantages:

- Protect against risks of pregnancy.
- It protects from acquiring or transmitting STIs including HIV.
- Can be used as a temporary or backup method.
- Can be used without seeing a health provider.
- Can be used during pregnancy to protect mother and fetus against STIs.
- Controlled by the women.

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## Female condom (cont)

### ❑ Disadvantages:

- May be relatively expensive and hard to find.
- Must not be used if the partner is using a male condom, the friction between the two condoms may cause one or both to break.
- May make noises during intercourse, adding lubricant can help.

### ❑ Side effects:

- None.

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## Female condom (cont)

### ❑ How to use:

- Use a new female condom for each act of sex.
- Insert up to 8 hours before sex, for the best protection insert before the penis comes into contact with the vagina.
- After the man withdraws his penis, hold the outer ring of the condom, twist to seal in fluid, and gently pull it out of the vagina , it is preferred to remove before standing.

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## Spermicides



### ❑ What are spermicides?

- Sperm-killing substances inserted deep in the vagina, near the cervix, before sex.
- Available in foaming tablets, melting or foaming suppositories, melting film, jelly, and cream.
- Can be used alone or with a diaphragm or with condoms.

### ❑ Mechanism of action:

- Work by causing the membrane of sperm cells to break, killing them or slowing their movement, thus keeping sperm from meeting the ovum.

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### Spermicides (cont)

#### □ Effectiveness:

- As commonly used about 29 pregnancies per 100 women using spermicides over the first year (71%).
- Return of fertility after use is stopped: no delay.

#### □ Advantages:

- Spermicides are controlled by the woman, can be used without seeing a health care provider.
- Increase vaginal lubrication & do not reduce vaginal secretions .
- Have no hormonal side effects.

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### Spermicides (cont)

#### □ Disadvantage:

- Do not protect against STIs.

#### □ Side effects: Some users report the following:

- Irritation in or around the vagina or penis.
- Other possible physical changes as vaginal lesions.
- Uncommon : urinary tract infection especially when using spermicides 2 or more times a day.

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### Spermicides (cont)

#### □ How to use:

- Insert spermicides at least 10 minutes to 1 hour before each intercourse to allow the spermicide to dissolve and spread in the vagina.
- It should be used each act.
- Wait for at least 6 hours after sex before douching.

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## Combined vaginal ring



### ❑ What is combined vaginal ring?

- A flexible ring placed in the vagina, continuously releases 2 hormones (progestin and an estrogen) like the natural hormones progesterone and estrogen in a woman's body from inside the ring, hormones are absorbed through the wall of the vagina directly into the bloodstream.
- Also called Nova ring.

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## Combined vaginal ring

### ❑ Mechanism of action:

- Works primarily by preventing the release of eggs from the ovaries (ovulation).

### ❑ How to use ?

- The ring is kept in place for 3 weeks, then removed for the fourth week, during the fourth week the woman will have her menses, a new ring is inserted at the end of the fourth week.

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## Combined vaginal ring (Cont)

### ❑ Effectiveness:

- Combined vaginal ring is new and research on effectiveness is limited.
- Risk of pregnancy is greatest when a woman is late to start a new ring.
- Return of fertility after ring use is stopped: no delay.
- Long term studies of the vaginal ring are limited, but researches suggest that its advantages and disadvantages are like those of COCs.

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## Combined vaginal ring (Cont)

### Side effects:

- Changes in bleeding patterns including :
  - lighter bleeding and fewer days of bleeding.
  - Irregular bleeding.
  - Prolonged bleeding.
- Headaches, irritation, redness, or inflammation of the vagina, white vaginal discharge.

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## Combined patch



### What is the combined patch?

- A small, thin, square of flexible plastic worn on the body, continuously releases 2 hormones (progestin and an estrogen directly through the skin into the bloodstream).

### How to use ?

- A new patch is worn every week for 3 weeks, then no patch for the fourth week, during the fourth week the woman will have her menses. (Insert on any part except the breast , change place every time).

### Mechanism of action:

- ❖ Works primarily by preventing the release of eggs from the ovaries (ovulation).

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## Combined patch (Cont)

### Effectiveness:

- Combined patch is new and research on effectiveness is limited.
- Risk of pregnancy is greatest when a woman is late to change the patch.
- Pregnancy rates may be slightly higher among women weighing 90kg or more.
- Return of fertility after use is stopped: no delay.
- Long term studies of the skin patches are limited, but researches suggest that its advantages and disadvantages are like those of COCs.

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## Combined patch (Cont)

□ **Side effects:** Some users reported the following:

- Skin irritation or rash where the patch is applied.
- Changes in monthly bleeding :
  - lighter bleeding and fewer days of bleeding.
  - Irregular bleeding.
  - Prolonged bleeding.
  - No monthly bleeding.
- Headaches, nausea, vomiting, abdominal pain, breast tenderness and pain, flu symptoms/ upper respiratory infection.

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## Natural methods

- Are considered "**natural**" because they are not mechanical and not a result of hormone manipulation.
- They're free or low-cost, safe, and effective when you use them the right way. But that's hard to do.
- Examples:
  - ❖ Lactational Amenorrhea Method (LAM).
  - ❖ Fertility awareness method.
  - ❖ Withdrawal method.

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## Natural methods

### 1-Lactational amenorrhea method (LAM)

□ **What is LAM?**

- A temporary family planning method based on the natural effect of breastfeeding on fertility.
- **LAM requires 3 conditions, all must be met:**
  - ❖ The mother's monthly bleeding has not returned, (amenorrhea afterbirth).
  - ❖ The baby is fully breastfeed ( he receives no liquid or food, not even water)
  - ❖ The baby is less than 6 months old.

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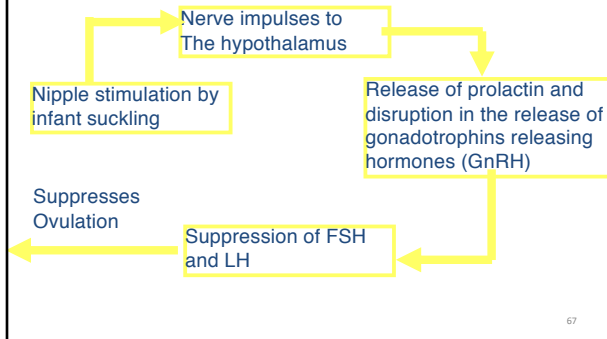
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#### ❑ Mechanism of action:

##### Non-fertile State



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### Lactational amenorrhea method ( LAM)

#### ❑ Effectiveness:

- As commonly used about 2 pregnancies per 100 women using LAM in the first 6 months after childbirth ( 98% ).
- Return of fertility after LAM is stopped: depends on how much the woman continues to breastfeed.

#### ❑ Advantages:

- Does not interfere with sex.
- No costs and no supplies needed, it is a natural family planning method.
- Provides health benefits for the baby and the mother through exclusive breastfeeding.

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### Lactational amenorrhea method ( LAM) (Cont)

#### ❑ Disadvantages:

- Does not protect against STIs , must use condoms if at risk of STIs.
- Effectiveness after 6 months postpartum is not certain.
- Full breastfeeding may be inconvenient or difficult for some women.

#### ❑ Side effects:

- None

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## Lactation amenorrhea method ( LAM) (Cont)

### □ How to use:

- Start breastfeeding as soon as possible after the baby is born, if initiated within one hour of birth baby will get the full benefit of colostrums, feed only breast milk day and night.
- Make sure menses has not returned (even spotting).
- Only effective in the first six months post partum.

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## 2-Fertility awareness method

### □ What are Fertility awareness methods ?

- Fertility awareness means that a woman knows when the fertile time of her menstrual cycle starts and ends ( the fertile time is when she may become pregnant).
- Sometimes called periodic abstinence.
- Symptoms- based methods depend on observing signs of fertility:
  - Cervical secretions: she may feel a little vaginal wetness.
  - Basal body temperature (BBT): a woman's resting body temperature goes up slightly after the release of an egg (ovulation), and that is when she could become pregnant.

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## Fertility awareness method (cont)

### □ Mechanism of action:

- The married couple avoids unprotected vaginal sex during these fertile days, or use a condom or other barrier methods during that period.
- It could be used by women whose menstrual cycles are regular and between 26-32 days long.
- The days a woman is more fertile are days 8 to 19 of her menstrual cycle.

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### Fertility awareness method (Cont)

#### □ Effectiveness:

- As commonly used in the first year about 25 pregnancies per 100 women using fertility awareness methods ( 75% effective).

#### □ Advantages:

- There are no costs and no supplies needed.
- It is natural, thus there are no hormones, devices or medical procedures required.
- Promotes male involvement and couple communication.
- No delay in return to fertility.

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### Fertility awareness method (Cont)

#### □ Disadvantages:

- Postpartum or breastfeeding women must have 3 regular menstrual cycles before they can use Fertility Awareness Methods.
- Does not protect against sexually transmitted infections(STIs).

#### □ Side effects:

- None

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### 3-Withdrawal

#### □ What is Withdrawal?

- The husband withdraws his penis from his wife's vagina before ejaculation and he ejaculates outside of the vagina.

#### □ Mechanism of action:

- It prevent contact between the sperm and ovum.

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## Withdrawal (Cont)

### □ Effectiveness:

- As commonly used about 27 pregnancies per 100 women whose partner uses withdrawal over the first year(73%)
- It is one of the least effective methods, yet offers better protection than no method at all.
- Pre-ejaculatory fluid contains sperms and may flow out during intercourse.

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## Withdrawal (Cont)

### □ Advantages:

- May be appropriate for couples who need a temporary method while awaiting the start of another method.
- Requires no supplies and no clinic or pharmacy visit.
- Promotes male involvement and couple communications.
- No delay of fertility after Withdrawal use is stopped.

### □ Disadvantages:

- Not suitable for men who can not feel when ejaculation is about to occur or ejaculate prematurely.
- Does not protect against sexually transmitted infections(STIs).

### □ Side effects:

- None.

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## Session 4

### □ Topics:

- infection prevention and control in FP clinics.

### □ Objectives:

By the end of the session the participant will be able to:

- ✓ Discuss best practices of infection control.

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## مكافحة العدوى

### أهميه برنامج مكافحة العدوى :

تعتبر العدوى المكتسبة في المنشآت الصحية مشكلة يعاني منها الكثيرون في جميع أنحاء العالم ومن ثم لابد من مكافحة هذه العدوى والحد من انتشارها.



### العدوى في المنشآت الصحية :

تنتقل العدوى بطريقة مباشرة أو غير مباشرة من القائمين على خدمات الرعاية الصحية إلى المرضى إلا إذا تم الالتزام بالأساليب الصحيحة لمكافحة العدوى.

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## الاحتياطات القياسية لمكافحة العدوى

هي الاحتياطات التي تهدف إلى منع نقل العدوى في المنشآت الصحية وحماية المرضى والعاملين عند التعامل معهم أو مع سوائل الجسم أو الآلات المستعملة والمنسوجات واسطح العمل وأدوات العناية بالمرضى حيث أن التعرض للخطر يكمن في الإجراء نفسه وليس في المريض.

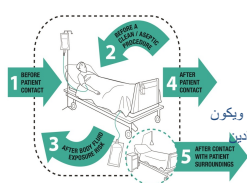
تشمل الاحتياطات القياسية الآتي :



- نظافة وتطهير الأيدي.
- أدوات الوقاية الشخصية.
- الحقن الآمن.
- إعادة معالجة الآلات.
- ( التطهير والتطهير والتعقيم )
- تطهير وتطهير البيئة.
- إدارة المخلفات.

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## يوجد ثلاث أنواع من غسل الأيدي



- **الغسل الروتيني:**  
( قبل وبعد العمل - قبل وبعد أي إجراء - قبل وبعد ارتداء القفازات - بعد استعمال الحمام - قبل وبعد تناول الطعام )

- **الغسل الصحي:**  
( قبل الإجراءات الاختراقية - قبل تصميم الجروح ) ويكون حتى منتصف الساعد باستخدام المنظف الرغوي البيناديول 7.5% أو الكحول 60-95% لمدة دقيقتين على الأقل ويشطف بالماء الجاري.

- **الغسل الجراحي:**  
( قبل العمليات الجراحية - قبل التدخلات الاختراقية ذات الخطورة العالية ) ويكون حتى أعلى المرفق (الزور) لمدة 5 دقائق باستخدام مادة مطهرة واستخدام منشفة معقمة للتجفيف قبل ارتداء القفازات

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## العناصر الأساسية للحقن الآمن

- استخدام أدوات الحقن المعقمة**
- توفير كمية كافية من السرنجات لضمان استخدام سرنجة جديدة ومعقمة لكل عملية حقن.
  - التخلص من السرنجات التي تلامس أى سطح غير معقم.
  - حماية مقدمى الخدمة من الوخز بالإبر أو الأدوات الحادة وذلك بأخذ الاحتياطات اللازمة لمنع الحركة المفاجئة للمريض.
  - تجنب إعادة تغطية أبرة الحقن بعد إنهاء عملية الحقن وعدم ثني أو كسر الإبرة قبل التخلص منها.
  - التخلص من السرنجات بعد استخدامها بوضعها فى صناديق الأمان الغير قابل للنقب و غلق الصناديق عند أمتلائها الى ثلاث أرباع العبوة ووضعها فى مكان آمن لحين التخلص النهائى منها.

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## العناصر الأساسية للحقن الآمن

- حماية البيئة والمجتمع بمنع الوصول الى مخلفات عملية الحقن:**
- يجب إغلاق صناديق الأمان عند امتلاء ثلاثة أرباع العبوة وذلك تمهيداً لنقلها الى مكان آمن للتخلص منها نهائياً مع الأخذ فى الاعتبار عدم فتح أو تقريع أو إعادة استخدام العبوات بعد إحكام إغلاقها.
- بعض الأساليب العملية الواجب اتباعها:**
- يجب على مقدم الخدمة التأكد من نظافة يديه قبل عملية الحقن.
  - لا يوجد حاجة لأرتداء القفازات فى حالة الحقن العضلى أو فى الجلد أو تحت الجلد ويجب ارتداء القفازات فى حالة وجود احتمال التعرض للدم أو سوائل الجسم .
  - يجب تنظيف الجلد موضع الحقن إذا كان متسخاً .
  - إتباع أسلوب عدم اللمس للمحافظة على السرنجة و إبرة الحقن معقمة.

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## إعادة معالجة الآلات ( التنظيف - التطهير - التعقيم )

- تعد المعدات الطبية والآلات الجراحية من الأدوات الضرورية للعناية بالمرضى، ومع ذلك فقد تؤدي هذه الأدوات إلى انتقال العدوى بالميكروبات المسببة للمرض بسبب إعادة استخدامها وذلك إذا لم تتم خطوات إعادة المعالجة من تنظيف وتطهير وتعقيم هذه الآلات على أكمل وجه ونظراً لتواجد الأغلبية العظمى من الميكروبات في المواد العضوية العالقة و الأقدار.

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### إعادة معالجة الآلات (عملية إزالة التلوث )

- فإن عملية التنظيف تعتبر أول و أهم خطوات معالجة الآلات وقد تنتشر العدوى في حالة الفشل في التخلص من هذه الأقدار عن طريق التنظيف، ومن ثم تؤثر عملية التنظيف على كفاءة ما يليها من عمليتي التطهير أو التعقيم.
- تعرف عملية إزالة التلوث بأنها تلك العملية التي يتم خلالها التخلص من الميكروبات والقضاء عليها بحيث تصبح المعدات آمنة لإعادة استخدامها.

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### عملية إزالة التلوث تشمل

#### أولا : التنظيف

- هي الخطوة الأولى لإزالة كافة المواد العالقة من المواد العضوية وغير العضوية العالقة بالآلات وهناك مكونان رئيسيان لعملية التنظيف وهما :
  - الفرك لكي يسهل إزالة المادة العالقة
  - ثم الشطف الجيد بالماء الجاري لإزالة تلك المواد
- يفضل أن يتم عملية التنظيف بعد استخدام الآلة مباشرة أو أن يتم نفعها في محلول منظف ( ماء ومنظف سائل ) كخطوة مبدئية منفصلة لحين البدء في عملية التنظيف
- إذا لم يتم تنظيف الأدوات والآلات فقد لا يجدي التطهير أو التعقيم لأن بعض الميكروبات الموجودة قد تظل حية مما يجد من عمليتي التطهير أو التعقيم

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### تشمل عملية إزالة التلوث

- قد يفضل أن يتم نفع الأدوات والآلات قبل البدء في عملية التنظيف لزيادة كفاءة عملية التنظيف .
- يتم ملء حاوية عميقة بكمية من الماء ومحلول منظف بحيث تحتوى على سلة من شبك السلك ثم توضع الأدوات بداخل السلة الشبكية .
- ثم يتم إرسال الحاوية بما تحويه من آلات الى قسم التعقيم المركزى حيث يتم تفريغ الأدوات على منضدة أو صينية وفصلها عن بعضها قبيل تنظيفها.

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## تذكر

- لا يتم استخدام قطع الصابون في عملية تنظيف الآلات لأنها تترك بقايا الصابون على الأدوات.
- الحرص على ارتداء القفازات مطاطية شديدة التحمل

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## ثانيا : التطهيرعالي المستوى

- هي القضاء على كافة الميكروبات ماعدا الميكروبات المتحصلة
- يعتبر البديل الوحيد المقبول على الأقل لمعالجة الأدوات ذات الخطورة المتوسطة باستخدام الغليان أو باستخدام المواد الكيميائية وذلك في حالة تعذر إجراء عملية التعقيم.

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## ثالثا : التعقيم

- التعقيم sterilization** هو التخلص التام من جميع الكائنات الحية التي تسبب الأمراض بما فيها المتحصلة (الفيروسات - البكتيريا - الطفيليات).
- يتم التعقيم عن طريق:
  - استخدام البخار تحت ضغط باستخدام جهاز الأوتوكلاف.
  - التسخين الجاف باستخدام الفرن الحرارى.

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### الخطوات المتبعة في التعقيم (الأوتوكلاف)

- تنظيف الآلات بالماء الجاري والصابون السائل ثم تجفيفها جيداً.
- فك أو فتح الآلات المفصلية ووضعها مفتوحة.
- تغليف الآلات التي سيتم تخزينها بعد التعقيم وترقيمها وكتابة أنواعها.
- ترتيب الآلات في الأوتوكلاف بطريقة تسمح بمرور تيار البخار ووصوله لكل أجزاء الآلات مع مراعاة سعة الأوتوكلاف.
- مراعاة تعليمات تشغيل الجهاز بدقة مما يساعد على الحفاظ على الجهاز.

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### الخطوات المتبعة في التعقيم (الأوتوكلاف)

- يبدأ حساب زمن التعقيم بحسب نوع الجهاز إذا كان يتم التعقيم بالبخار عن طريق الإزاحة فيكون كالآتي:
- عند درجة 121 درجة مئوية لمدة 30 دقيقة للآلات المغلفة والمنسوجات
- عند درجة 132 درجة مئوية لمدة 15 دقيقة للآلات المغلفة و25 دقيقة للمنسوجات.
- يتم حساب زمن التعقيم للآلات الغير مغلفة عند 121 درجة مئوية لمدة 20 دقيقة أو عند درجة 132 درجة مئوية لمدة 4 دقائق .

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### الخطوات المتبعة في التعقيم (الأوتوكلاف)

#### ملحوظة

- لا يشمل زمن التعقيم الزمن الذي يتم أستغراقه للوصول إلى درجة الحرارة أو مستوى الضغط المطلوبين ولا يشمل أيضاً زمن التفريغ أو التجفيف
- يتم تخزين الآلات والأدوات المعقمة بمنطقة تخزين نظيفة جافة جيدة التهوية ووضعها على أرفف بعيداً عن الأرض والحوائط

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### فترات التخزين

- الرولات : شهر
- ورق الكريب : شهر في حالة استخدام طبقة مزدوجة من الورق أسبوع في حالة استخدام طبقة واحدة من الورق.
- القوط القماشية : ثلاثة أيام .
- أسطوانات التعقيم التقليدية : 24 ساعة.
- يتم استخدام الأدوات غير المغلفة فور خروجها من جهاز الأوتوكلاف أو الفرن الحراري أو يتم حفظها في حاوية معقمة جافة محكمة الغطاء لمدة 8 ساعات

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### الخطوات المتبعة في (الفرن الحراري الجاف)



- تجفف الآلات بفوطاة نظيفة أو مناديل ورقية.
- يتم وضع الآلات مفتوحة داخل الفرن وفي إتجاه واحد.
- يتم ضبط مؤشر درجة الحرارة على الدرجة المطلوبه ويتم تشغيل الفرن.
- يتم ضبط زمن التعقيم بعد وصول مؤشر الحرارة إلى 170 درجة مئوية. الزمن المناسب ساعة كاملة ( في الأفران التي بها مروحة - ساعتين في الأفران التي ليس بها مروحة) - 160 لمدة ساعتين للأفران التي بها مروحة.

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### الخطوات المتبعة في (الفرن الحراري الجاف)

- يتم ترك الآلات داخل الفرن لتبرد وتصل إلى درجة حرارة الغرفة قبل إخراجها من الفرن.
- يستخدم ملاقط (جفوت) معقمة لإخراج الآلات من الفرن لتستخدم فور خروجها مباشرة أو يتم تخزينها في حاوية جافة وغطاء ومعقمة لمدة 8 ساعات علي الأكثر.

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### التعامل مع المنسوجات

- على الرغم من إمكانية تلوث الملابس بالميكروبات إلا أن الإصابة الفعلية بالعدوى عن طريق الملابس والأغطية المستخدمة تشكل نسبة بسيطة بشرط أن يتم التعامل معها ونقلها وغسلها بشكل آمن لا يسبب انتشاراً للعدوى.
- ينبغي تغيير الملابس والأغطية يومياً أو كلما أتسخت .

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### تنظيف وتطهير البيئة

- تعتبر نظافة المنشأة الصحية أمراً ضرورياً من أجل صحة وسلامة المرضى والعاملين فيها ويعتبر التنظيف اليومي ضروري لإزالة الأتربة والقاذورات و المنشأة النظيفة تظهر في أبهى صورة مما يساعد على رفع الروح المعنوية لدى المرضى والعاملين.

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### تنظيف وتطهير البيئة

- تعريف مصطلح ( نظافة البيئة ) إلى التنظيف العام للأسطح داخل منشآت الرعاية الصحية بإزالة المواد العضوية والأتربة والقاذورات مما يؤدي إلى التخلص من نسبة كبيرة من الميكروبات.
- تستخدم المنظفات العادية والماء في أغراض التنظيف العامة فالمنظفات (كالصابون السائل ) تزيل الأتربة والمواد العضوية وتذيب الدهون وتفككها إلى أجزاء صغيرة مما يسهل تنظفها بواسطة الفرك.
- في حالة تنظيف الأسطح يجب ارتداء القفازات شديدة التحمل .

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### يراعى ما يلى عند تنظيف الدم وسوائل الجسم الاخرى

- ارتداء القفازات اللاتكس أحادية الاستخدام ويتم التخلص منها فور الإنتهاء من الإجراء .
- إذا كانت كمية السائل أو الدم قليلة يمسح بقطعة من القطن أو القماش ويتم التخلص منهما في حاوية النفايات الخطرة
- أما إذا كانت كمية السائل أو الدم كبيرة يتم أزالته باستخدام فوط ورقية أو فوط قماش ويتم التخلص منها فى حاوية النفايات الخطرة .

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### يراعى ما يلى عند تنظيف الدم وسوائل الجسم الاخرى

- يلى ذلك تطهير المنطقة بالكحول بتركيز 5000 جزء فى المليون ( 1 : 9 تخفيف بالماء من كلور 5 % )
- يلى ذلك التنظيف الجيد للمنطقة ثم التطهير بالكحول بتركيز 1000 جزء فى المليون ( 1 : 49 تخفيف بالماء من كلور 5 %) ويترك لفترة تلامس مناسبة ثم تجفف المنطقة .

**ملحوظة :** يراعى عند استخدام محلول الكلور فى التطهير الالتزام بزمان التلامس ( 10 دقائق )

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### مخلفات الرعاية الصحية

- مخلفات غير خطرة : مثل أوراق تغليف المعدات الطبية والمستلزمات .
- مخلفات خطرة وتشمل:
  - المخلفات المعدية : وتشمل جميع الأشياء التى تلوثت أو يشتبه فى تلوثها بالدم أو سوائل الجسم الأخرى ( القفازات – والمخلفات الملوثة بالدم )
  - مخلفات الأدوات الحادة : وتشمل السرنجات والإبر وما شابهها من الأدوات التى لها القدرة على أختراق الجلد أو أنسجة الجسم .

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### خطوات التعامل مع النفايات الطبية

- **الفصل :** ويقصد به الفصل عند المنبع وذلك بوضعها في أكياس ملونة وحاوليات مناسبة .
- **التداول :** ويقصد به جمع المخلفات ونقلها داخل المنشأة الصحية
- **التخزين المؤقت :** ويقصد به تخزين المخلفات في المنشأة لحين نقلها والتخلص النهائي منها .
- **النقل خارج المنشأة :** نقل المخلفات إلى مكان المعالجة والتخلص النهائي خارج المنشأة
- **المعالجة :** معالجة النفايات الخطرة عن طريق الحرق أو القرم أو التعقيم .
- **التخلص النهائي :** وهو عملية التخلص من المخلفات بعد معالجته بشكل نهائي .
- **ملحوظة :** يتعين جمع أكياس النفايات الخطرة ونقلها إلى منطقة التخزين المؤقت عند أمتلائها إلى ثلاثة أرباع حجمها أو بعد كل نوبة عمل أيهما أقرب كما يتعين التخلص من صناديق المخلفات الحادة عند أمتلائها إلى ثلاثة أرباع حجمها .

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### Session 5

#### □ Topics:

- Post-partum and post-abortion contraception.
- Surgical methods.

#### □ Objectives:

By the end of the session the participant will be able to:

- ✓ Discuss return of fertility after child birth and abortion.
- ✓ Discuss starting contraceptive methods after child birth and abortion.
- ✓ Explain surgical methods.

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### Post partum contraception

#### □ Key messages:

- A woman is able to become pregnant as early as 4 to 6 weeks after childbirth.
- A woman should be using the family planning method as early as possible after childbirth, to avoid unplanned pregnancy and closely spaced pregnancies.
- Waiting at least 3 years before a woman becomes pregnant again is good for her health and her children health.

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### Post partum contraception (cont)

- Ideally family planning counseling should start during antenatal care.
- All women should receive FP counseling before discharge from hospital.
- A woman may choose to insert an IUD immediately post partum, provided she has received adequate counseling.

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### Post partum contraceptive options

Family planning method	Fully or nearly fully breast feeding	Partially or not breast feeding
Lactation amenorrhea method	could start immediately.	Not applicable.
CuT-380A IUD	Within 48 hours after delivery, otherwise wait for 4 weeks.	
Progestin only pills	after child birth (category2).  6 weeks after child birth	Immediately if not breast feeding. 6 weeks after child birth if partially breast feeding.
Implants		
Progestin only (3 months) injectables		

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### Post partum contraceptive options

Family planning method	Fully or nearly fully breast feeding	Partially or not breast feeding
Combined contraceptives (COCs)	6 months after childbirth.	-She can start COCs if she has not other risk factor for VTE if she has risk factor for VTE delay to 6 weeks. - 6 weeks after childbirth if partially breast feeding.
Monthly combined injectable		
Male or female condoms	Can start immediately.	
Fertility awareness method	Can start when normal secretions have returned, or she has had 3 regular menstrual cycles.	

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## Post abortion contraception

### □ Key messages :

- Fertility returns within 2 weeks after a first- trimester abortion, miscarriage and within 4 weeks after a second- trimester abortion, miscarriage.
- Women need protection from pregnancy almost immediately.
- If a woman wants to become pregnant again, encourage her to wait at least 6 months to reduce the risk of low birth weight, and repeated abortion.
- She should not have sex until bleeding stops to avoid infection.
- Women with infection or genital injury must be treated before starting sexual activities.

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## Post abortion contraception

### □ Key messages :

- All modern methods can be started immediately following first trimester abortion or miscarriage.
- IUD can be inserted immediately after uncomplicated first- trimester abortion, first-trimester miscarriage or after treating infection or injury.
- IUD insertion after second-trimester abortion requires specially trained physicians.
- All post abortion women should receive FP counseling before discharge from hospital.

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## Surgical methods: Female sterilization

### □ What is female sterilization?

- It is a permanent method of contraception **if there is medical indication.**
- The procedure is used to block or cut the fallopian tubes and hence prevent fertilization of ovum.
- Also called tubal ligation or tubal sterilization.

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### Surgical methods: Female sterilization

#### □ Mechanism of action:

- Fallopian tubes are blocked or cut , eggs released from the ovaries cannot move down the tubes.

#### □ Effectiveness:

- Less than 1 pregnancy per 100 women over the first year after having sterilization.
- Effectiveness varies slightly depending on how the tubes are blocked.

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### Surgical methods: Male sterilization

#### □ What is male sterilization?

- It is a simple surgical procedure, the provider cuts or blocks (vas deferens).
- Also called vasectomy.

#### □ Mechanism of action:

- Works by closing off each of vas deferens keeping sperm out of semen, semen is ejaculated but it cannot cause pregnancy.

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### Surgical methods: Male sterilization

#### □ Effectiveness:

- It carries small risk of failure, where men cannot have their semen examined 3 months after the procedure to see if it still contains sperm. Pregnancy rates are about 2 to 3 per 100 women over the first year after their husbands have had a vasectomy.

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