

# CONTRACEPTIONS

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# Contraception

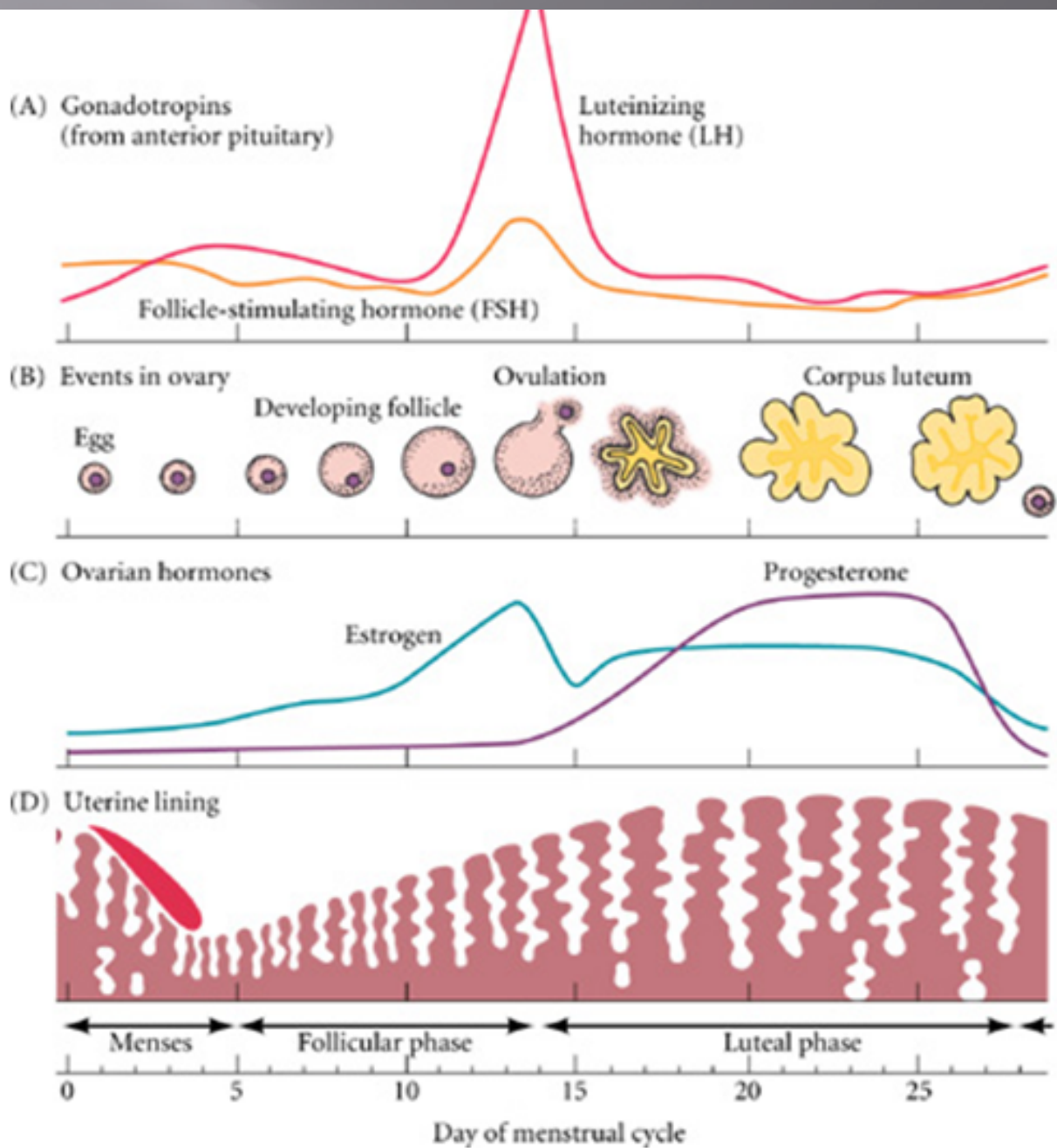
used as voluntary control of fertility

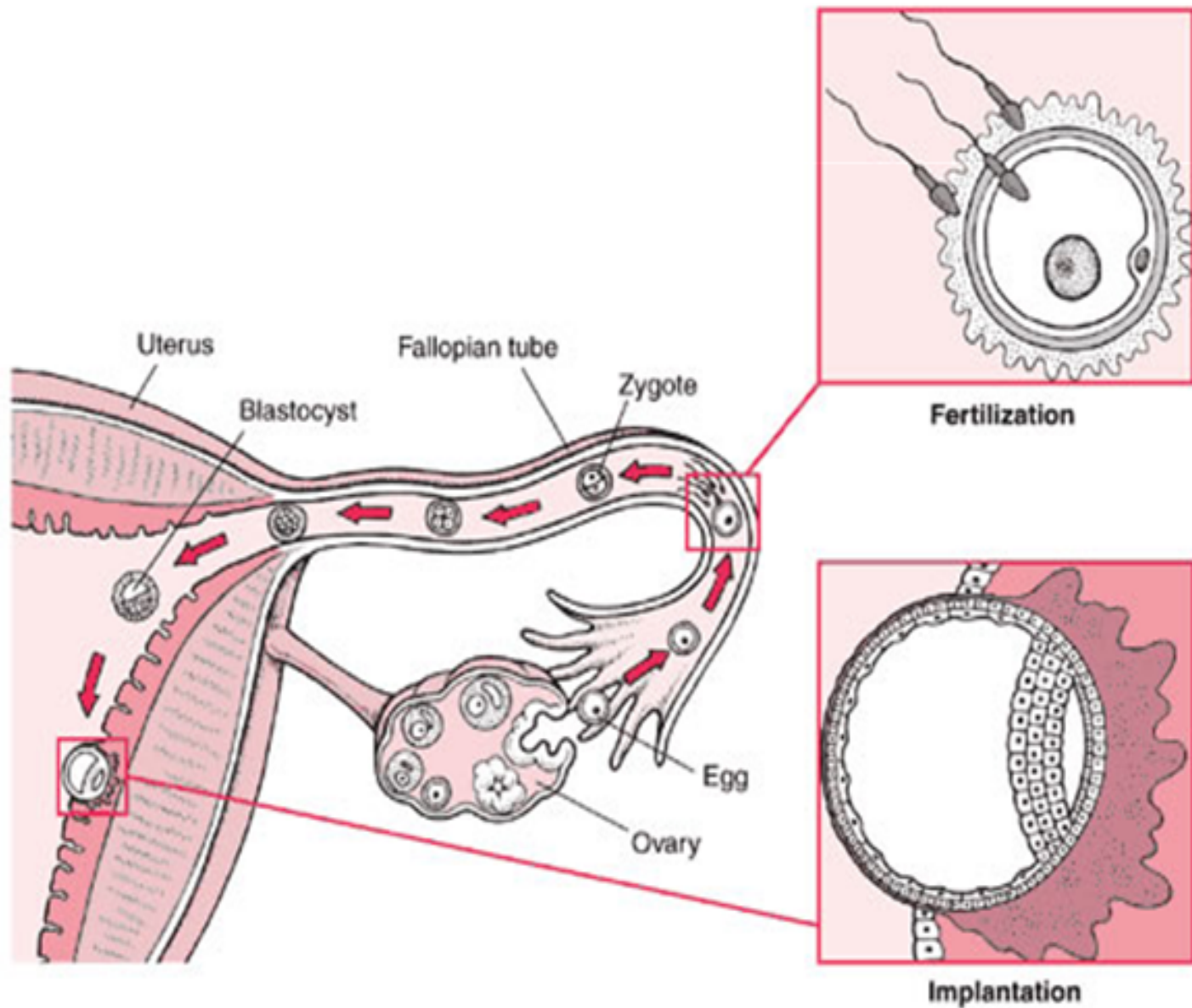
choice of contraception:

- efficacy, safety, non  
contraceptive benefits , cost and  
personal consideration

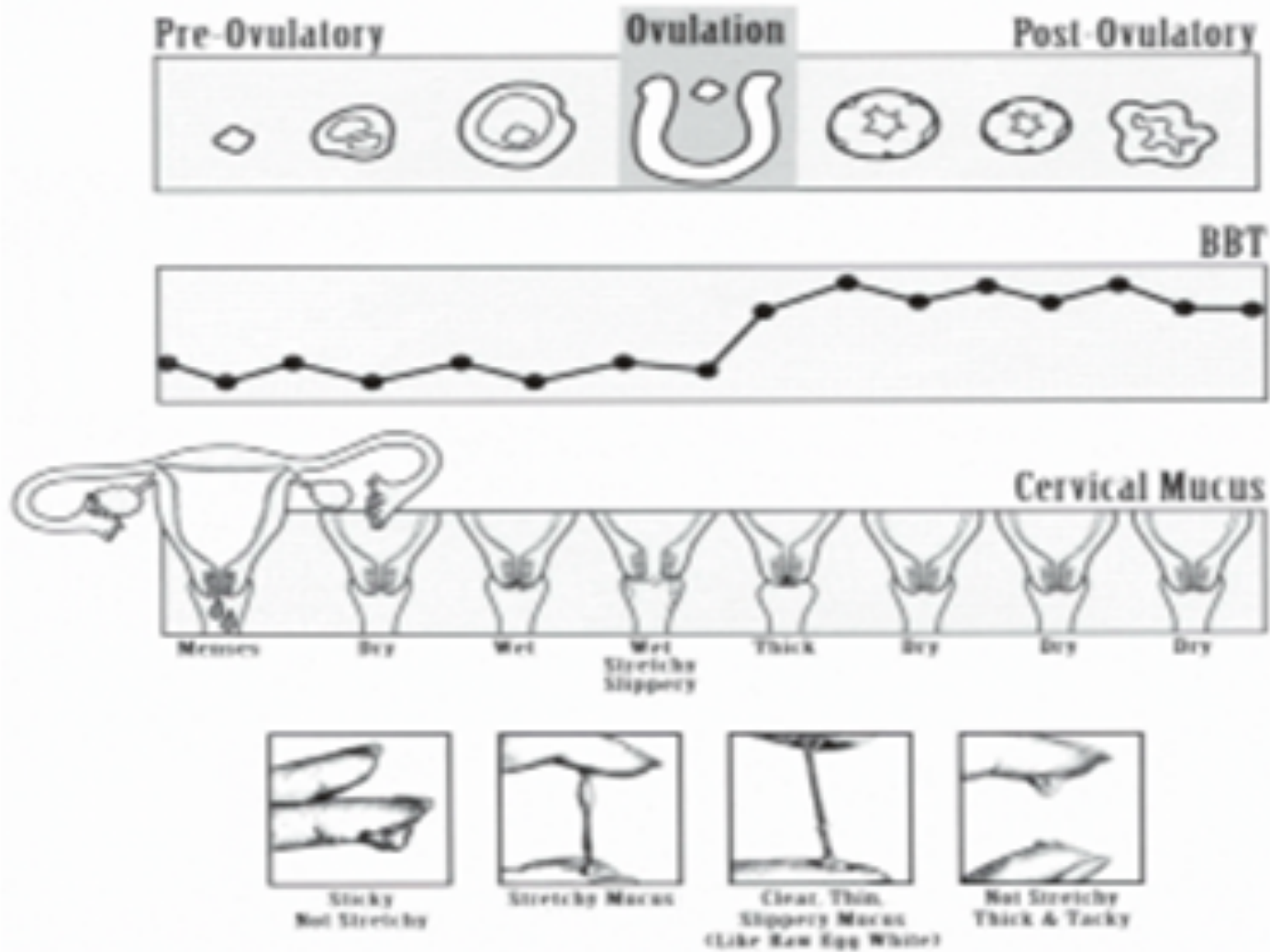
# Ideal contraception

- ▣ Highly effective
- ▣ No side effects or risks
- ▣ Cheap
- ▣ Independent of intercourse and requires no regular action on the part of the user
- ▣ Non-contraceptive benefits
- ▣ Acceptable to all cultures and religions
- ▣ Easily distributed and administered by non-healthcare personnel









*Figure 2*

# Contraception

Natural methods

LAM

Combined contraception

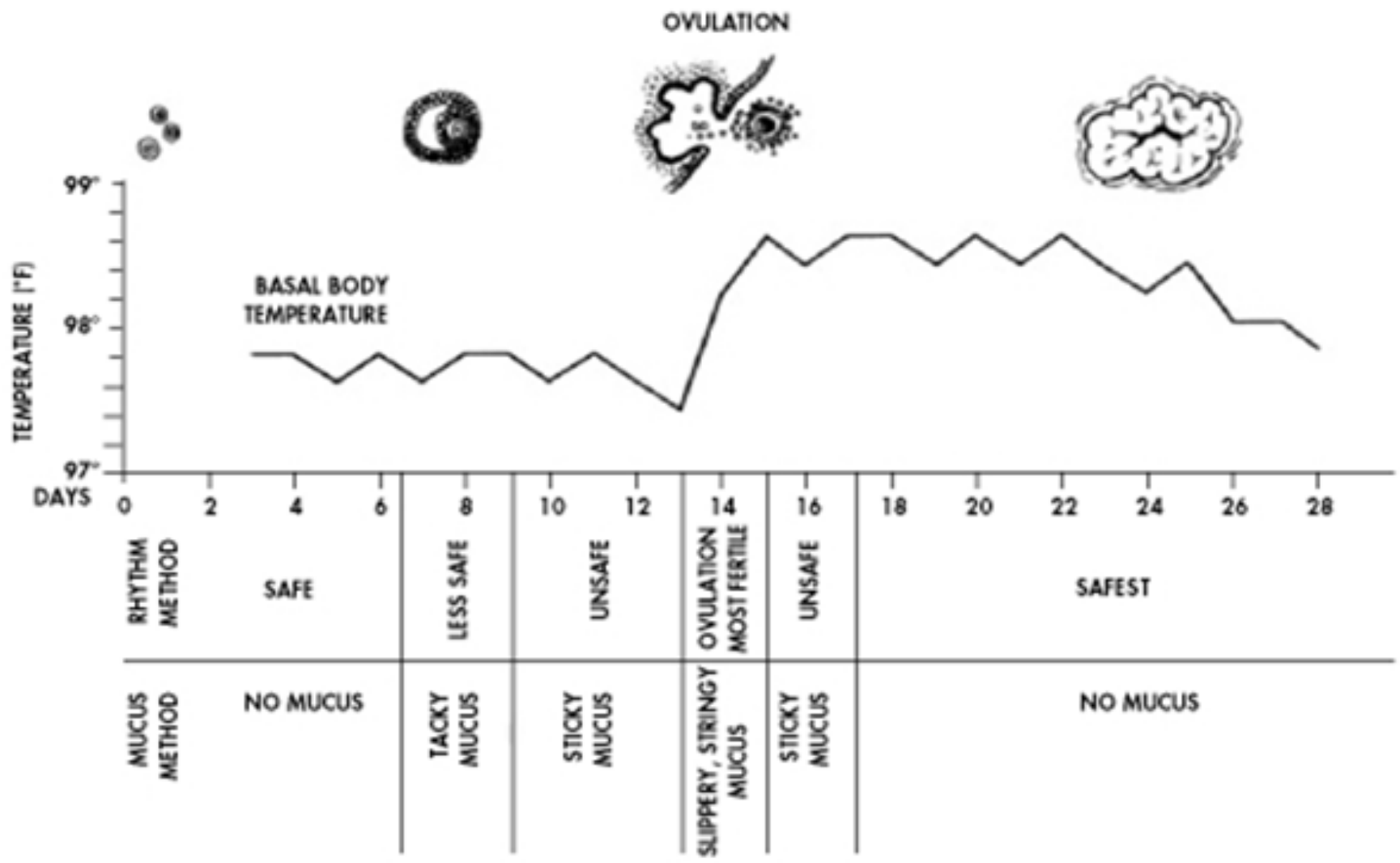
Progestogen -only contraception

Barrier methods

Intrauterine contraceptive device

Emergency contraception

Sterilization □





# Combined hormonal contraception(CC)

- ▣ Oestrogen : ethynil estradiol
- ▣ progesteron:

Second generation(nortestosterone and  
levonorgestrel)

Third generation(desogestrel and gestodene)

Fourth generation –

antiandrogenic(drospirenone,dienogest

- ▣ FR 0.3%

# Contraindication of CC

- ▣ Breastfeeding
- ▣ Smoking , age
- ▣ Multiple risk factors for cardiovascular disease
- ▣ Hypertension: 160/100
- ▣ Hypertension with vascular disease
- ▣ Current or history of deep vein thrombosis
- ▣ Major surgery with prolonged hospitalization



Absolute contraindication

Past arterial or venous thrombosis

Focal migraine

TIA

Thrombophilias

Active liver disease

Liver adenoma, gallstones

Pregnancy and estrogen dependant neoplasm

# Side effect

Breakthrough bleeding

Headache

Wight gain( no evidence)

Loss of libido

Fluid retention

N&V

Cholasma

Breast enlargement

# Combined contraception

- ▣ Oral
- ▣ Transdermal (contraceptive patch)
- ▣ Systemically (combined injectables)
- ▣ Vaginal routes (contraceptive vaginal ring)

# COC

Mechanism of action

Inhibition of ovulation

Inhibit FSH , suppress the follicular development

Inhibit LH, prevention of ovulation

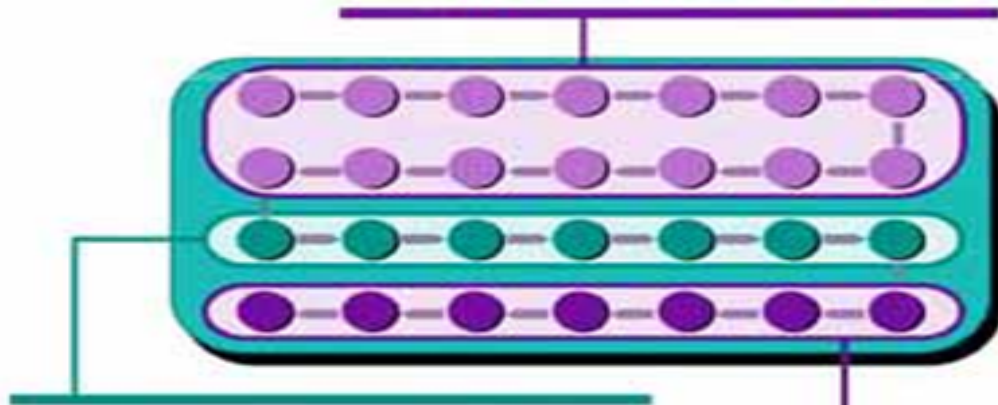


**Missed 1 pill?**

- Take 1 as soon as remembered.
- Take all the others as usual

**Missed 2 or more of these 14?**

- Take 1 as soon as remembered.
- Take all the others as usual.
- \* Use condoms for 7 day.



**Missed 2 or more of these 7?**

- Take 1 now.
- Take the others on this row, one each day, then start a new pack.
- Throw the last row of this pack away.
- \* Use condoms for 7 days.

**Missed any of these 7?**

- Throw the missed pills away.
- Take all the others as usual.

# PROGESTERONE ONLY CONTRACEPTION

Only progesterone

# advantages

No effect on VTE

Minimal impact on lipid profile

Can be used in most cardiovascular diseased  
except current severe arterial wall disease

Lactating woman

Protects against endometrial cancer

Symptomatic relief of dysmenerorrhoea

Protect against endometriosis,, uterine myomas

# disadvantages

Menstrual disturbances

Amenorrhoea(Injectable)

Functional ovarian cysts

Ectopic pregnancy

Acne,headach,breast tenderess and loss of libido

# Types of progesterone contraception

- ▣ POP
- ▣ Injectable
- ▣ Implants
- ▣ IUS

## IMPLANON



## NORPLANT





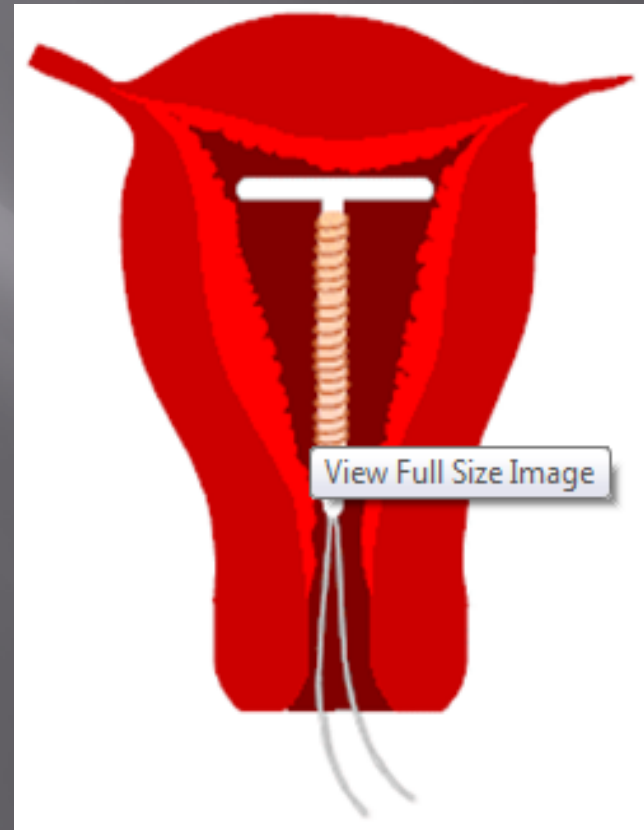
# Intrauterine contraception

Most commonly used  
reversible method of  
Contraception

Marked inflammatory rx  
Increase concentration of  
macrophages  
prostaglandins

Toxic for sperm ,ovum and  
interfere with sperm  
transport

FR less than 1%



# complications

IUD should be removed if no response within 48 hours

# Barrier methods

Physically interrupting the progress of sperm in the female reproductive tract

Condoms for males

Females: Occlusive pessaries, caps, sponges and vaginal condoms in combination with spermicides

# Occlusive pessaries

## DIAPHRAGM

Fitted by trained personnel  
Does not confer the same degree  
of protection against STDs

Prior to intercourse to occlude  
the vagina prior to  
intercourse

Spermicide should be used  
for maximum protection

Latex allergy, recurrent vaginal  
and UTI

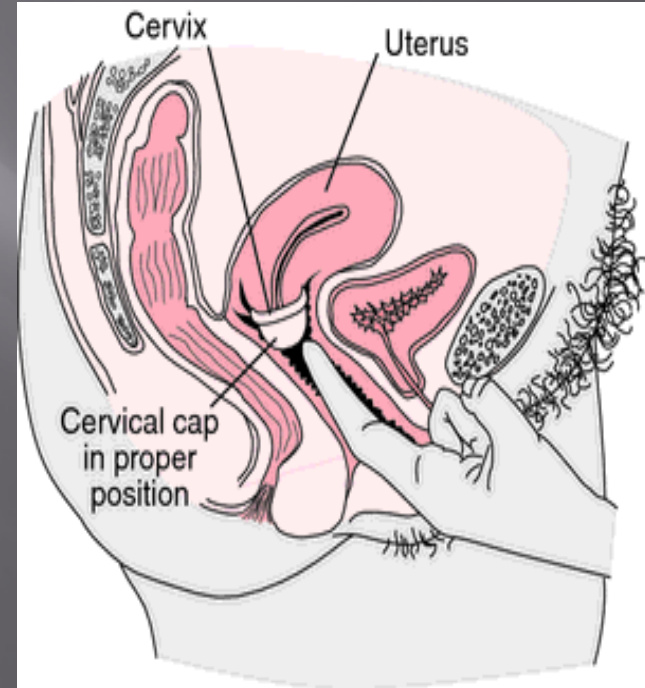
4-20 per HWY



**Barrier method:**  
The diaphragm fits  
over the cervical  
opening, preventing  
sperm from entering  
the uterus

# Barrier method

- Cap: silicone rubber
- Easier to fit and Less likely to slip
- Reduced risk of UTI (less pressure to the surrounding vaginal wall)
- Rarely used: difficult to insert and remove



# Barrier method

Advantage:

Protects against STIs

Encouraged for high risk groups.



# Emergency contraception

- ▣ Back -up method
- ▣ After unprotected intercourse and before implantation
- ▣ After failure of barrier method, missed pills

# Emergency contraception

## Copper IUCD

The most effective method

Up to 5 days of the earliest predicted ovulation

Within 5 days of unprotected intercourse

Spermicidal and blastocidal action of copper

# Female sterilization

Female sterilization: blocking both fallopian tubes

laparoscopy, hysteroscopy or minilaparotomy

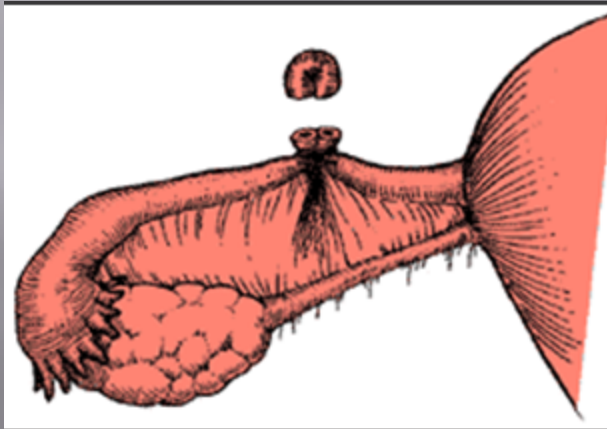
Proper counselling(irreversible, failure rate 1 in 200, ectopic pregnancy)

# Pomeroy technique

loop of tube tied and

Excised

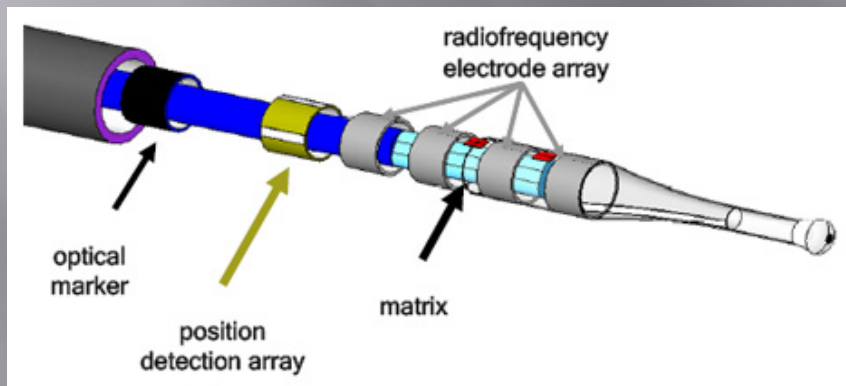
laparotomy



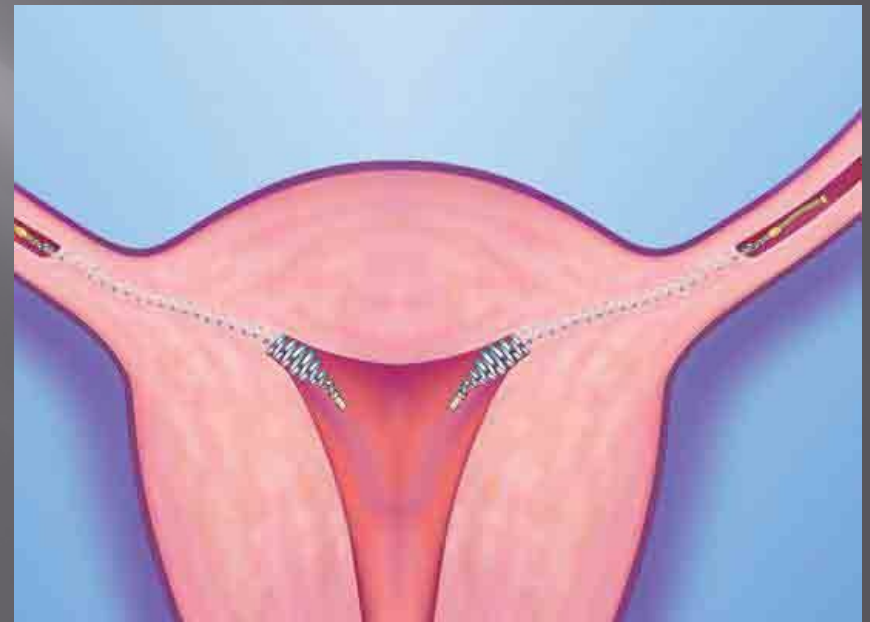
# complications

- ▣ Anaesthesia problems
- ▣ Damage to intraabdominal organs
- ▣ Need for lapatomy: obese, adhesions

# ADIANA



# ESSURE



# Male sterilization

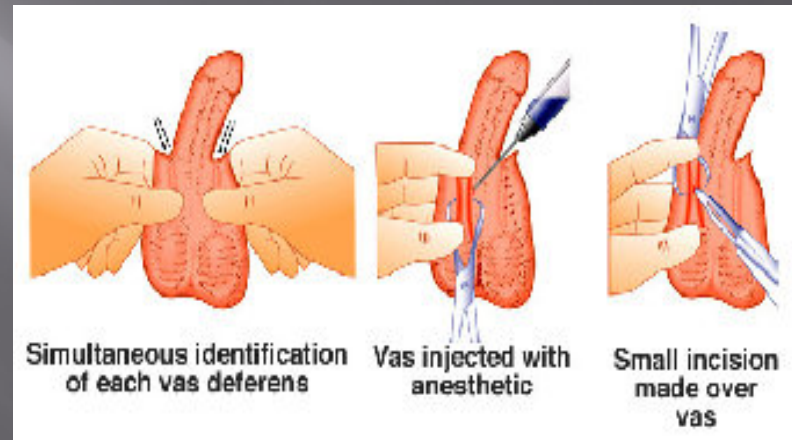
Vasectomy

Division or removal of a  
piece of each vas

Cheaper

out patient basis

local anaesthesia





# Vasectomy(complications)

Scrotal bruising (everyone)

Haematoma (1-2 %)

Wound infection (up to 5%)

Antisperm antibodies (leakage of sperm)

Chronic testicular pain(unknown cause)

Granuloma formation( painful)

? Atherosclerosis , testicular cancer

FR (1 in 2000), natural reversal 1 in 4000

# consent

- ▣ Careful counselling
- ▣ Written consent
- ▣ It should clearly indicated that sterilization is  
A permanent procedure

# counseling

- ▣ Age
- ▣ Family size
- ▣ Problems of current contraception
- ▣ ? Partner
- ▣ Stability of the relationship
- ▣ FR
- ▣ The procedure
- ▣ Risks and side effect
- ▣ Reversibility

Thank you