

## Unit IV – Problem 8 – Clinical: Non-Hormonal Contraception



### - Benefits of contraception:

- Family planning.
- Preventing unplanned pregnancy.
- Improving women's health.

### - Contraceptive effectiveness:

- **Measured by pearl index:**  $\frac{\text{Number of unintended pregnancies}}{\text{Total months of pregnancy exposure}} \times 1200 \text{ HWY}$

- **User's failure:** the method is not used correctly.
- **Method failure:** method is used correctly but still there is a failure risk.

### - Family spacing or planning can be:

#### • **Reversible:**

- ✓ Natural methods (predicting the time of ovulation):

- ❖ Temperature method.
- ❖ The calendar method.
- ❖ Mucus test.
- ❖ LH kit.

Note: failure rate is high = 10-30 HWY

- ✓ Barriers:

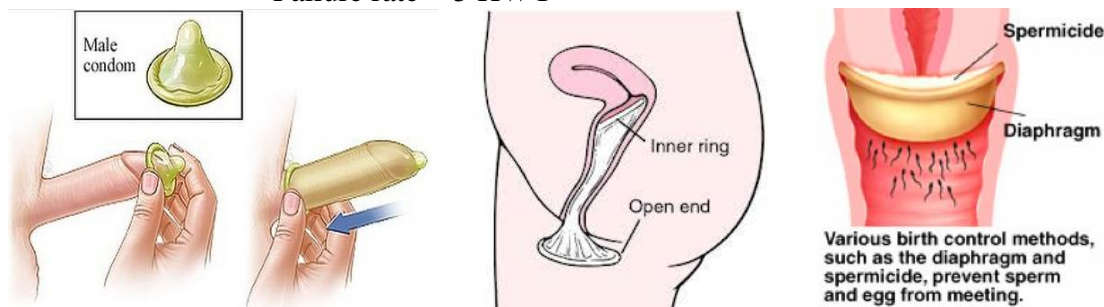
- ❖ Male condom:

- **Advantages:** made of latex; available and cheap; reducing STDs and protecting against cervical cancer.
- **Disadvantages:** can slip-off; needs 100% compliance; failure rate = 2-6 HWY

- ❖ Female condom:

- **Advantages:** Made of polyurethane plastic; reducing STDs; protecting against cervical cancer; available; stronger than male condom.
- **Disadvantages:** needs practice; more expensive; failure rate = 5 HWY

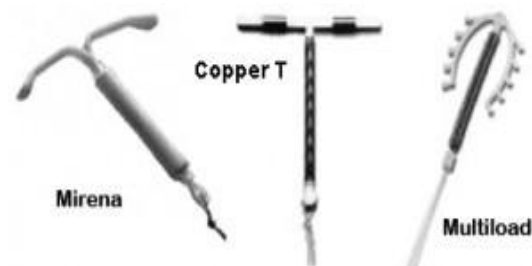
- ❖ Vaginal diaphragm and cervical cap: circular dome inserted high up in the vagina to cover the cervix thus reducing the risk of cervical cancer. Failure rate = 5 HWY



- ✓ Intrauterine devices:

- ❖ **Advantages:** preventing fertilization and implantation; long duration (3-5 years); no systemic effects.
- ❖ **Disadvantages:** exerting foreign body response (cramping and bleeding; pelvic inflammatory diseases and perforation).
- ❖ **There are two types:**
  - Multiload copper.
  - Progesterone releasing.
- ❖ **Failure rate = 0.5 – 3.5 HWY**

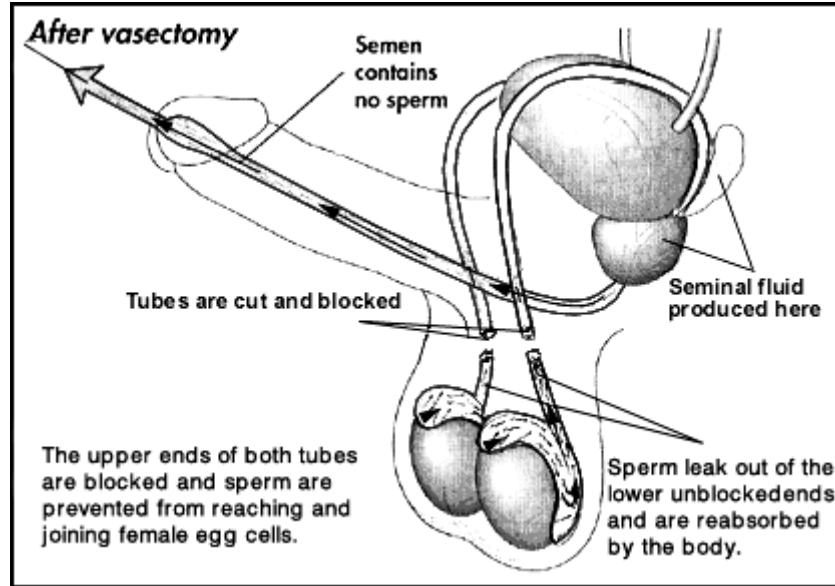
- ✓ Hormonal contraception: read pharmacology note.



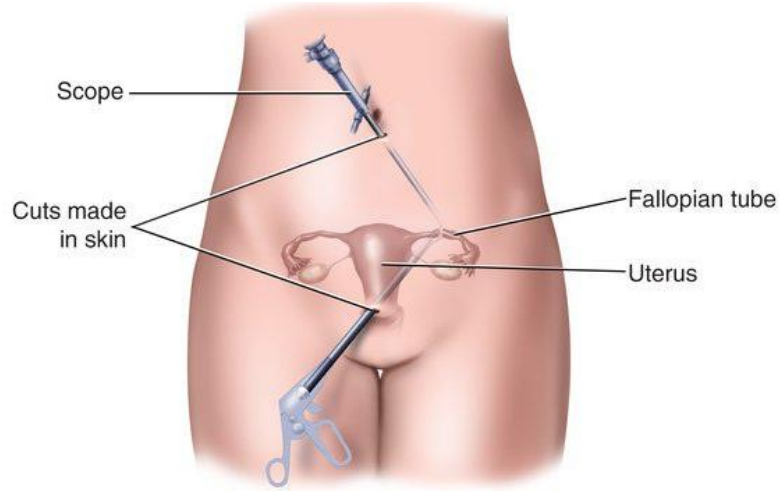


- **Permanent:**

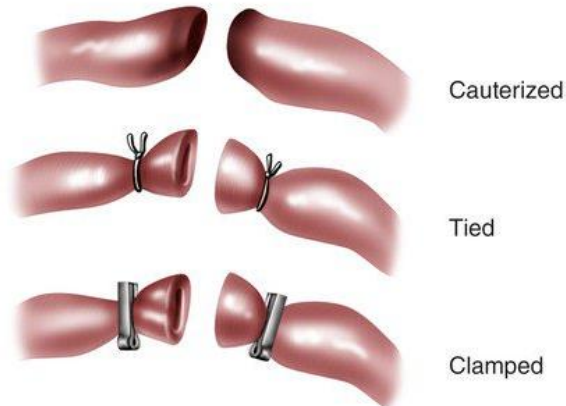
- ✓ Vasectomy: cut and ligation of vas deferens done under local anesthesia. Failure rate = 0.005



- ✓ Tubal ligation: done under general anesthesia using laparoscopy. Failure rate = 2-7/1000



Two small cuts are made. A scope for seeing inside the abdomen is put into one of the cuts. A tool for working on the tubes is put through the other cut.



Both fallopian tubes are cut. The cut ends can then be burned (cauterized), tied, or clamped shut.

- **Notice that withdrawal method (withdrawing penis from vagina before ejaculating) is the oldest method but has the highest failure rate = 30-40 HWY**