
Family Planning

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Educational Outcomes

- ❑ Know the difference types of contraceptives available in South Africa, including the effectiveness, contraceptive mechanisms, advantages & disadvantages of each method
- ❑ Have a good understanding of emergency contraception
- ❑ Assignment: Counsel a post-partum woman regarding safe and effective contraception
Understand the factors involved in making a contraceptive choice

Do not be judgemental!

Contraception
is about choice

High Risk Pregnancies

- ❑ Too young
- ❑ Too old
- ❑ Too many
- ❑ Spaced
too close
together

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- ❑ Complications: Recent data shows increase in teenage sexual activity and pregnancy if no education about contraception
 - ❑ Most unwanted pregnancies = extremities of reproductive life

The ideal contraceptive

- ❑ 100% effective
- ❑ 100% convenient
- ❑ 100% reversible
- ❑ 100% safe
- ❑ 100% maintenance-free
- ❑ 100% protective against STIs
- ❑ Acceptable (every culture, religion, political view)
- ❑ Cheap, easily distributed
- ❑ Has OTHER, non-contraceptive benefits

Effectiveness

- ▣ The PEARL INDEX indicates the number of pregnancies that would occur, should 100 women use a method of contraception for one year
- ▣ Formula = $\frac{\text{Pregnancies reported} \times 1200}{\text{women using method} \times \text{months used}}$

e.g. 200 women use a method for 2 years
with 5 pregnancies reported

$$\frac{5 \times 1200}{200 \times 24} = 1.25 \text{ pregnancies per 100 women years}$$

Pearl Index

□ Vasectomy	0-0.2
□ Tubal Ligation	0-0.5
□ Depo Provera	0-1
□ COC	0.1-3
□ POP	0.3-4
□ Copper IUCD	0.5-1
□ Mirena IUS	<0.5
□ Male Condom	2-15
□ Coitus interruptus	8-17
□ Fertility Awareness	6-25
□ No method	80-90

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- ❑ Reversible
 - ❑ Short-acting
 - ❑ Under patients own control

- ❑ Non-Reversible
- ❑ Long-acting
- ❑ Needs input by health care provider

Hormonal

- ❑ CHC: pills, patch
- ❑ POP
- ❑ Emergency
- ❑ Patch
- ❑ Injectables
- ❑ IUS

Non-Hormonal

- ❑ IUCD
- ❑ Surgical
- ❑ Barrier
- ❑ Natural



Oral Contraception

- ❑ Combined Oral Contraceptive Pill (COC)
e.g. Triphasil® Nordette® Ovral® Femodene
Marvelon Diane-35® Yasmin® Mirelle ® Yaz®
Qlaira ®
- ❑ Progestogen-only Pill (POP) e.g. Microval®
- ❑ Emergency Contraception (COC & POP)
e.g. E-gen-C® & Norlevo®



Mechanism of action:

- ❑ Blocks ovulation
- ❑ Thickens mucus
- ❑ Thinning of endometrial lining

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- ❑ Ethinyl estradiol = estrogen, varies types of progestins
 - ❑ Qlaira
 - ❑ Different progestins (1st, 2nd, 3rd generation)
 - ❑ Monophasic, multiphasic
 - ❑ 21 active pills, and 7 days placebo
 - Yaz: 24/4
 - ❑ Advantages and disadvantages
 - ❑ Contra-indications

Advantages

Improves acne

Improves heavy menstrual bleeding

Decreases dysmenorrhoea

Regulates cycle

Protective against ovarian & endometrial ca

Improves benign breast disease

Less anaemia

Improves PMS

Allows women to control their cycles

Disadvantages

Spotting (esp in 1st few months)

Often initially nauseous

May decrease libido

Have to remember to take the pill daily

No protection against STIs

Possible weight gain

Possible post pill amenorrhoea



Transdermal Patch

- Evra ®

3 weeks, 1 week

effectiveness > 85kg

Contra-indications

History of VTE, MI, stroke

Impaired liver function

Unexplained abnormal vaginal bleeding

Known or suspected breast ca

Suspected pregnancy

Smokers more than 35 yrs old

Relative contra-indications

Migraines

HT

Elective surgery

Gall stones

Epilepsy

? DM



Injectons

- ❑ Depo Provera®,
- ❑ Nur Isterate ®
- ❑ Thickens cervical mucus, blocks LH surge
- ❑ Advantages and disadvantages

Advantages

Long-acting

Estrogen free

Safe in breastfeeding

Does not need to be taken daily

Probably improves the quality of breast milk

Can be given post partum

Disadvantages

Irregular bleeding (70% 1st year)

Weight gain

Breast tenderness

Depression

Delayed return of menses

Decreases HDL cholesterol

(Osteoporosis with long term use)





Intrauterine Devices

- Unmedicated & Copper wire devices e.g. Multiload®, Copper T 380A ®
 - 5 yrs
 - Hormone containing devices e.g. Mirena IUS®
 - 5 years

Advantages

Good for women in monogamous
relationships

Effective

Immediately reversible

Do not have to remember to take it!

Can check that it is in situ

Disadvantages

Increased risk of PID

Insertion problems

Perforation

Expulsion

Poor placement

Surgical Contraception

- ▣ Tubal ligation
- ▣ Vasectomy

**Permanent
&
Irreversible**

Transcervical

- ❑ Essure: mesh-like substance, irritate tube, form scarring tissue, blocks tube
- ❑ 3 months



Barrier Methods

- ❑ Male condoms (latex)
- ❑ Female condoms (polyurethane)
- ❑ Spermicides e.g. nonoxynol-9





Natural Methods

- ❑ Abstinence
- ❑ Coitus interruptus
- ❑ Natural Family Planning (NFP)/
Sympto-Thermal Method
- ❑ Lactation Amenorrhea Method
(LAM) – suckling causes increased prolactin,
which suppresses estrogen and ovulation
 - < 6 months, amenorrhea, 90% BF
 - no blood-borne infection
 - drugs/Rx excreted in breast milk

Emergency Contraception

- ▣ Yuspe method of postcoital contraception
e.g. Ovral® tablets
 - ii stat, ii exactly 12 hours later,
the first dose within 72 hours after
a single episode of unprotected
sexual intercourse
- Side effects: nausea vomiting

Emergency Contraception

- ❑ Norlevo® (progestogen only) S2
 - ii tablets stat as a single dose
 - as soon as possible
 - up to 72 hours
- ❑ Copper containing IUCD within 5 days

Assignment: Post-partum Contraception

- ❑ Age & Parity
- ❑ Breastfeeding (oestrogen contraindicated)
- ❑ Child spacing or family complete
- ❑ Medical & obstetric conditions, incl. HIV status
- ❑ Partner's involvement

Your Fertility is Precious

Be empowered by knowledge