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Doctor, tell me about contraception !

NOGS 2020-21 & AMOGS PAC INITIATIVE

VOLUME - 2

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From the NOGS President's Desk . . .



Dear Members,

It gives me immense pleasure to hand over the second volume of Patient's Information handouts which is going to be a monthly feature. The second volume focuses on "Contraception and Population Stabilization".

In recent years, patients have increasingly requested the opportunity to participate fully in their medical care. An important part of responding to this request is providing educational handouts that inform patients about health problems, describe medical treatments, and promote healthy behaviors. They are useful extensions of spoken communication and are also an extension of medical care. Spoken messages are forgotten quickly and so they need to be reinforced with informative handouts. Educational handouts are an important part of the communication patients receive from health care providers.

This is our small effort to provide our members with these ready handouts for better communication with their patients. The members can print and use them for their patients' benefit. We hope that you will find them useful!

I wish to profusely thank our young brigade - the ever enthusiastic, ever ready team of contraception Committee - Dr. Riju Chimote, Dr. Swadha Kotpalliwar and Dr. Soumya Rathi for toiling very hard and putting it up together within a very short time. We deeply appreciate their super efforts.

Wishing you all a very healthy patient interaction.

Sincerely,

Dr. Vaidehi Marathe

President - NOGS - 2020-21

Chairperson PAC AMOGS



Message from the President AMOGS...



Hello everyone,

The theme of AMOGS this year is “We for Stree”. I would like to thank every AMOGSian who has helped making every woman Safer, Stronger, and Smarter.

I would like to congratulate Dr. Vaidehi Marathe and Team NOGS for this Patient education booklet. I would also like to thank the contributors and the editorial team for their contributions towards this great booklet.

The aim of this booklet is to ensure that you are able to get basic knowledge regarding different areas of women health care. I hope this booklet helps you achieve that and clears all your doubts.

**Dr. Nandita Palshetkar
President
AMOGS.**





CONTRACEPTION



What are contraceptive methods?

They are the preventive methods to help women avoid unwanted pregnancies.

What is the need for contraception?

- To avoid unwanted pregnancies
- To regulate the timing of pregnancy
- To regulate the interval between pregnancy

What is an ideal contraceptive?

An ideal contraceptive should be safe, effective, acceptable, reversible, inexpensive, long lasting, requiring little or no medical supervision.

What are the natural methods of contraception?

Natural methods of contraception include- periodic abstinence, withdrawal/ coitus interruptus, calendar /rhythm method, standard day method, basal body temperature, cervical mucus monitoring and lactational amenorrhea.

What do you understand by Periodic Abstinence?

In this method the couples do not engage in sexual intercourse during the fertile period- (day 10-day 17) of a regular menstrual cycle.

What is Coitus Interruptus?

It is a method of birth control in which a man, during sexual intercourse, withdraws his penis from a woman's vagina prior to orgasm (and ejaculation) and then directs his ejaculate (semen) away from the vagina in an effort to avoid insemination.

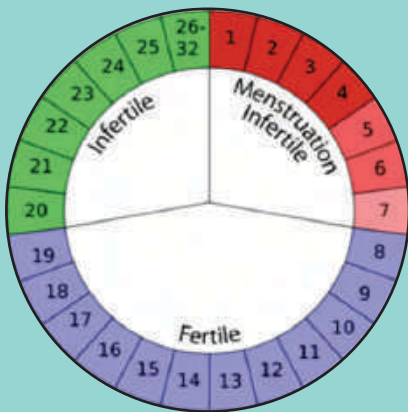


How does the Calendar Rhythm Method help in deciding the fertile period?

It is a method in which a woman calculates the fertile and infertile days of her menstrual cycle based on the length of her own cycle.

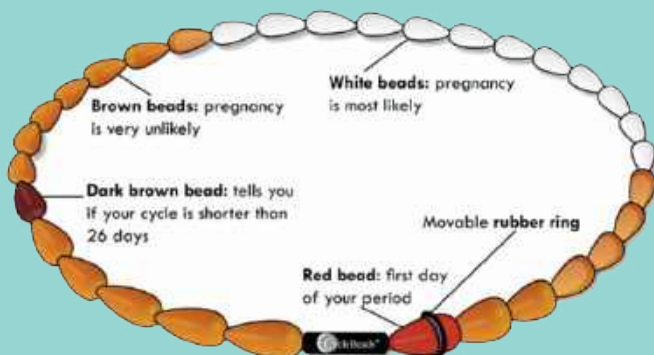
1st day of fertile period = no. of days of the shortest menstrual cycle – 18

Last day of fertile period = no. of days of the longest menstrual cycle -11



What is Standard day method?

Standard Days Method® (SDM) is a highly-effective, inexpensive and modern family planning method that is easy-to-teach and use. It identifies a fixed fertile window in a woman's menstrual cycle when pregnancy is most likely. CycleBeads®, a visual tool, helps women track their cycles to know when they are fertile.



What is the importance of Basal body temperature in contraception?

The basal body temperature is the temperature when you're fully at rest. Ovulation may cause a slight increase in basal body temperature. A woman will be most fertile during the two to three days before your temperature rises. By tracking your basal body temperature each day, you may be able to predict when you'll ovulate.



How to predict fertile period based on Cervical mucus monitoring?

- **After your menstrual period:** The production of cervical mucus is at its lowest immediately following your period, and some women report “dryness” during this time. But, over the next several days, more mucus will become present, and it will likely be yellow, cloudy, or white in color, and somewhat sticky the touch.
- **Your Ovulation Date Approaches:** As you enter your fertile window, your cervical mucus will increase in quantity and moistness. Its color may be cream-like in appearance.
- **At the Time of Ovulation:** In the days immediately preceding ovulation, the production of cervical mucus will be at its highest and the consistency and color of the mucus will be similar to egg whites. Once you detect the presence of this fertile-quality cervical mucus, you will know you are in your most fertile days.
- **After Ovulation:** After ovulation, the quantity of cervical mucus begins to decline and become thicker in consistency.



What is Lactational Amenorrhea/ Postpartum Infertility?

It is the temporary infertility that occurs after childbirth when a woman is not menstruating and fully breastfeeding. It requires exclusive, frequent breastfeeding. The time between feedings should not be longer than 4 hours during the day or 6 hours at night. LAM may not be practical for many women.

What are the different Barrier methods of contraception?

The different barrier methods are male condoms, female condoms, diaphragm, cervical cap, spermicides



What is NIRODH?

Nirodh is a male condom. It is a barrier method involved in preventing contact between sperm and egg. Most effective protection against STIs. **Failure rate~14-18%**

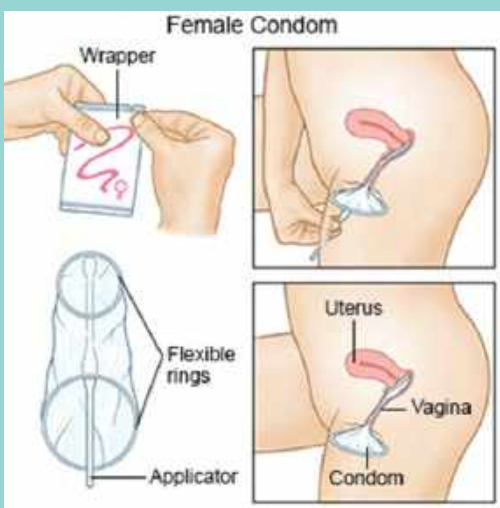


What is a Female condom?

It is a pouch-like device inserted in the vagina before intercourse.

It has flexible rings at each end that can stimulate the clitoris during vaginal intercourse.

Efficacy ~ 5-21%.

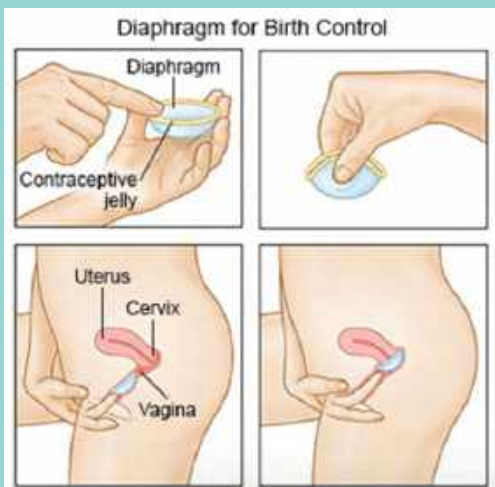




How does a Diaphragm prevent pregnancy?

The diaphragm is a rubber dome that is inserted into the vagina and placed over the cervix before sexual activity. When the diaphragm is in place, the opening to the uterus is blocked and the sperm is unable to join with an egg.

Failure rate- 12-20%



What is a Cervical cap?

It is a cup shaped latex device that fits over the base of the cervix. It is inserted 8 hours before coitus and can be left in place for as long as 48 hours.

Failure rate- 12-20%





How do Spermicides act as contraceptives?

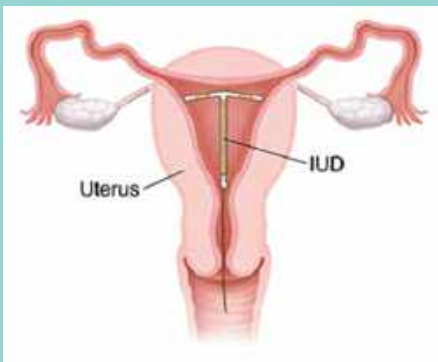
They are available as foams, suppositories, jellies, films, foaming tablets and creams. They are inserted into the vagina and placed against the cervix covers the cervix and blocks sperm from entering the uterus.

Failure rate ~26%.

What are IUDs?

Intrauterine device, is a small, T-shaped device inserted by a doctor into the uterus. It prevents pregnancy for a number of years. They either contain copper or can be hormonal.

Failure rate ~ 1%



What are the various Hormonal methods of contraception?

Hormonal contraception includes combined pills, progestin pills, dermal patches, injections and vaginal rings.

How are Combined pills used?

Contain estrogen + progesterone. Very convenient and reversible method
1 pill per day x 21 days. Last 7 days are pill free.

Failure rate~8%





When are Progesterone Only Pills (POPs) used?

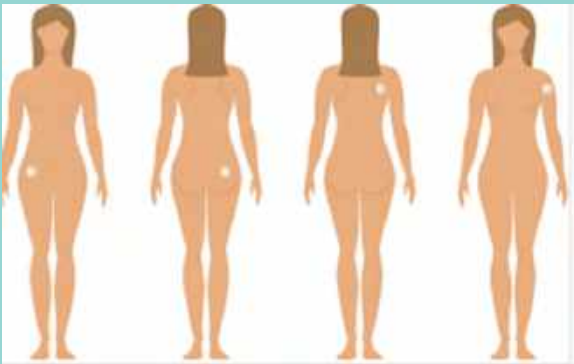
POPs are usually used for older women, heavy smokers, breastfeeding <6months postpartum, and patients with hypertension, DM and Migraine

How is a Hormonal patch used?

It is a transdermal patch applied to the skin for 3 weeks & last week is patch free.

It can be stuck to the skin of your buttocks, stomach, upper outer arm, or back. Make sure to avoid oils, lotions, and makeup around the area you chose.

Failure rate~ 9%



What are the hormonal Injections used for contraception?

Injection containing progesterone (DMPA / NET-EN) is given every 8-12 weeks in the arm or buttocks, either intramuscular or subcutaneously.

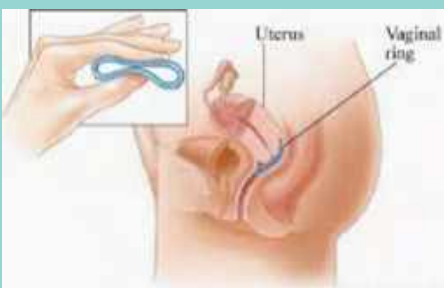
Failure rate~ 6%

What are Vaginal Rings?

Vaginal ring is a small, flexible ring that contains the same hormones as the pill and patch, estrogen and progestin

It is placed in vaginal for 21 days and remove 7 days to allow withdrawal bleeding

Failure rate ~9%





What is emergency contraception?

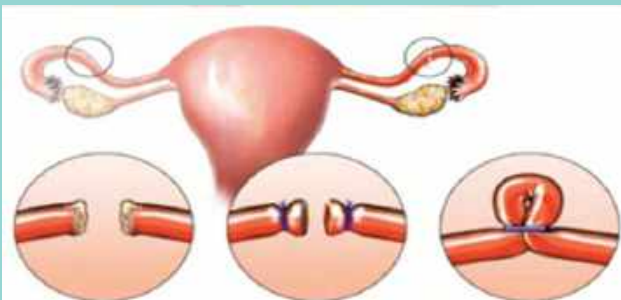
Emergency contraception is a way to prevent pregnancy after unprotected sex. Often called the morning-after pill, emergency contraceptive pills (ECPs) are pills that can be taken up to 120 hours (5 days) after having unprotected sex. Most types of emergency contraception work best when taken within 72 hours (3 days) after intercourse.

Either pills or IUCDs can be used as an emergency contraception after consultation with the doctor.

What is the permanent method for female contraception?

Tubectomy is a permanent method of female contraception. It is by mechanical blockage of both the fallopian tubes to prevent the sperm from reaching to the egg.

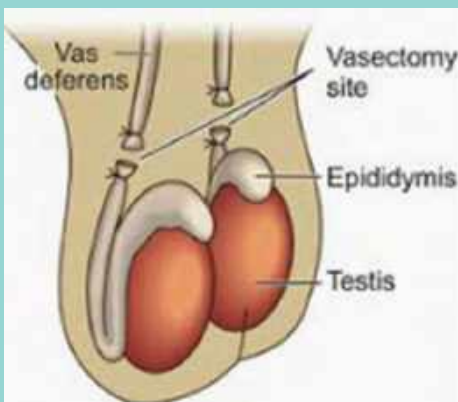
Failure rate- 0.5%



What is Vasectomy?

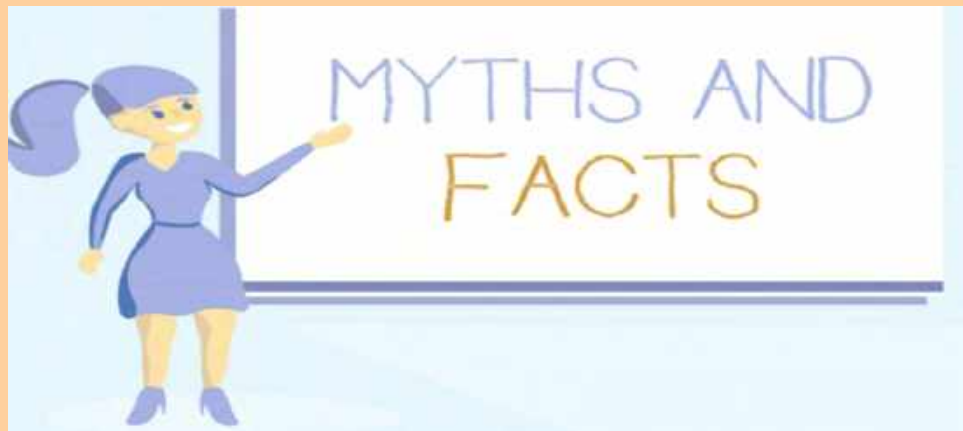
Vasectomy is a permanent method of male contraception. It is done by division of the vas on each side to prevent the release of sperm during ejaculation.

Failure rate~0.5%





MYTHS ABOUT CONTRACEPTION



There are a number of birth control methods that are highly effective in preventing pregnancy. There is also a lot of misinformation about how to use birth control, as well as some methods that simply do not work.

The following are some common myths regarding sex and contraception.

Myth 1- I'm breastfeeding so I can't get pregnant.

Fact 1- Breastfeeding may help prevent pregnancy if a woman is within six months of delivery, has not had a menstrual cycle AND the baby is only feeding on breast milk (no formula or soft food supplementation). All three of these criteria must be met for breastfeeding to be an effective form of contraception. In all other situations, ovulation can occur even when a woman is breastfeeding. The nursing mother should use birth control if she wishes to avoid pregnancy.

Myth 2 - Birth control is 100 per cent effective

Fact 2 - There are several contraceptive methods from which to choose, but none are 100 per cent effective.

Myth 3 - All contraceptive methods are appropriate for all women.

Fact 3 - Choosing a contraceptive is an important health decision, and so I recommend making an appointment with your doctor for a personalized discussion about your options.

Myth 4 - You can't get pregnant if the woman doesn't have an orgasm.

Fact 4 - Pregnancy occurs when a sperm from the man fertilizes an egg from the woman. While the man must ejaculate to release sperm, it is not necessary for the woman to have an orgasm to get pregnant



Myth 5 - I don't need contraception because we only have sex during the "safe" time. You're only fertile one day a month.

Fact 5 - Pinpointing the time of ovulation and predicting any "safe" days can be difficult. Couples who have success with the rhythm method of contraception must carefully monitor the women's menstrual cycles and evaluate symptoms of ovulation, as well as any external factors

Myth 6 - I won't get pregnant if my partner pulls out before he ejaculates.

Fact 6 - Pulling out before the man ejaculates, known as withdrawal, is not an effective method of contraception. Some ejaculate (fluid that contains sperm) might be released before the man actually begins to climax

Myth 7 - The pill is effective immediately after you begin taking it.

Fact 7 - In most women, at least one week is needed for the hormones in the pill (oral contraceptive) to work with the woman's natural hormones to prevent ovulation. To be effective, the pill must be taken as directed.

Myth 8 - I won't get pregnant because this is my first time having sex.

Fact 8 - A woman can get pregnant any time ovulation occurs, even if you've never had sex before.

Myth 9 - IUD's cause Infertility

Fact 9 - Contemporary IUDs have not been shown to increase infertility. The effects of the IUD wear off very quickly after it is removed.

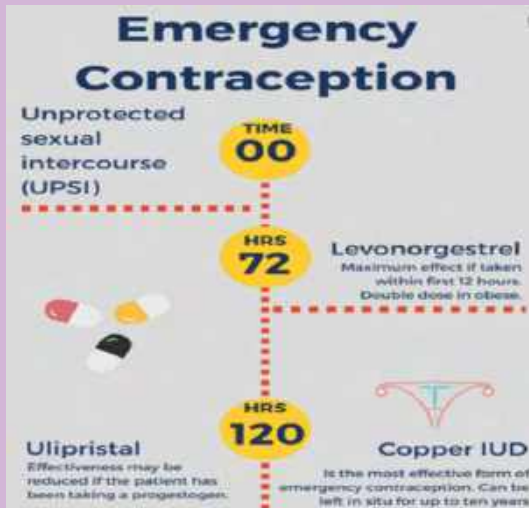
Myth 10 - You cant get pregnant if you have sex during your periods

Fact 10- Despite many women believing this is a 'safe' time to have sex without the risk of getting pregnant, it may not be. Ovulation (when an egg is released) can take place earlier than expected. Also, as sperm may live in a woman's body for some days it may be possible to conceive several days after unprotected sex if you ovulate early.





EMERGENCY CONTRACEPTION (EC)



What is Emergency Contraception (EC)?

EC reduces the chance of pregnancy after unprotected Sexual Intercourse. Most common situations in which EC can be used include forgetting to take several birth control pills in a row, having a condom break or slip off, or not using a birth control method during sexual intercourse.

Within what duration should EC be taken?

EC must be used soon after unprotected sexual intercourse to be effective, preferably by 72 hours (3 days) and latest by 120 hours (5 days). It does not work if pregnancy has already occurred.

How do ECs work?

Using EC does not cause an abortion. An abortion ends an existing pregnancy. EC prevents pregnancy from occurring.

Do ECPs disrupt an existing pregnancy?

No. ECPs do not work if a woman is already pregnant.



Will ECPs harm the fetus if a woman accidentally takes them while she is pregnant?

No. Evidence does not show that ECPs will cause birth defects or otherwise harm the fetus if a woman is already pregnant when she takes ECPs or if ECPs fail to prevent pregnancy.

How long do ECPs protect a woman from pregnancy?

Women who take ECPs should understand that they could become pregnant the next time they have sex unless they begin to use another method of contraception at once. Because ECPs delay ovulation in some women, she may be most fertile soon after taking ECPs. If she wants ongoing protection from pregnancy, she must start using another contraceptive method by the next day, including a backup method if starting her continuing method requires it.

Can ECPs be used more than once?

Yes. If needed, ECPs can be taken again, even in the same cycle. A woman who needs ECPs often may want to consider a longer-acting and more effective family planning method.

How often can I use emergency contraceptive pills ?

EC pills can be used more than once during a single menstrual cycle, but you should not rely on EC pills as a long-term birth control method. If you are not using birth control, talk to your about which method would work best for you.

What oral contraceptive pills can be used as ECPs?

Many combined (estrogen-progestin) oral contraceptives and progestin-only pills can be used as ECPs. Any pills containing the hormones used for emergency contraception - levonorgestrel, norgestrel, norethindrone, and any of these progestins together with estrogen (ethinyl estradiol)—can be used.



If ECPs failed to prevent pregnancy, does a woman have a greater chance of that pregnancy being an ectopic pregnancy?

No evidence suggests that ECPs increase the risk of ectopic pregnancy. Worldwide studies of progestin-only ECPs, have not found higher rates of ectopic pregnancy after ECPs failed than are found among pregnancies generally.

Do I need follow-up care after using emergency contraception?

No tests or procedures are needed after taking EC. You should have a pregnancy test if you have not had a period within a week of when you expect it. None of the EC pills have been shown to harm a pregnancy or the health of the fetus if you already are pregnant.

Keep in mind that EC does not prevent **sexually transmitted infections (STIs)**. If you are at risk of getting an STI and have had unprotected sex, see your ob-gyn or other health care professional.





CONTRACEPTION IN ADOLESCENTS



What should I think about when choosing a birth control method?

To choose the right birth control method for you, consider:

- how well it prevents pregnancy
- how easy it is to use
- whether you need a prescription to get it
- whether it protects against sexually transmitted infections (STIs)
- whether you have any health problems

Which birth control methods also protect against STIs?

The male latex or polyurethane condom gives the best protection against STIs. The female condom provides some protection. With all other methods, you also should use a male or female condom to protect against STIs.

What is a birth control pill?

The birth control pill contains **hormones** that prevent pregnancy. You have to take the pill every day at the same time each day. There are many types of birth control pills. A health care professional can help you choose the right one for you.

If you miss a pill, you need to know what to do. Read the directions that came with your pack of pills. You also may want to contact your health care professional.



What is a skin patch?

The skin patch is a small adhesive patch that is worn on the skin. It contains hormones that prevent pregnancy. The hormones are slowly released into your body through the skin. A new patch is worn for a week at a time for 3 weeks in a row. During the fourth week, a patch is not worn, and you will have your menstrual period.

What is a vaginal ring?

The vaginal ring is a flexible plastic ring that you insert into the upper vagina. It releases hormones that prevent pregnancy. The hormones are slowly released into your body. It is worn inside the vagina for 21 days and then removed for 7 days. During those 7 days, you will have your menstrual period. Then you insert a new ring.

What is a birth control shot?

This shot is given in the upper arm or buttock every 3 months. It contains hormones that prevent pregnancy.

What is an implant?

The implant is a small plastic rod about the size of a matchstick that a health care professional inserts under the skin of the upper arm. It releases a hormone that prevents pregnancy. The implant is approved for up to 3 years of use.

What is a spermicide?

Spermicides are chemicals that are put into the vagina to make sperm inactive. There are many types of spermicide: foam, gel, cream, film (thin sheets), or suppositories (solid inserts that melt after they are inserted into the vagina).

Frequent use of spermicide may increase the risk of getting human immunodeficiency virus (HIV) from an infected partner. Spermicide should only be used if you are at low risk of HIV infection.



What are condoms?

Condoms come in male and female versions. The male condom covers the penis and catches the sperm after a man ejaculates. The female condom is a thin plastic pouch that lines the vagina. It prevents sperm from reaching the uterus.

Condoms work better to prevent pregnancy when used with a spermicide.

What is a diaphragm?

The diaphragm is a small dome-shaped device made of latex or silicone that fits inside the vagina and covers the cervix. You need a prescription for it. A health care professional needs to do a pelvic exam to find the right size of diaphragm for you. It always is used with a spermicide.

What is a cervical cap?

The cervical cap is a small, thin latex or plastic dome shaped like a thimble. It fits tightly over the cervix. You need a prescription for it. A health care professional needs to do a pelvic exam to find the right size for you. The cervical cap must be used with a spermicide.

What is a sponge?

The sponge is a doughnut-shaped device made of soft foam that is coated with spermicide. It is pushed up in the vagina to cover the cervix. The sponge can be bought without a prescription at pharmacies and other stores.

What is emergency contraception?

If you have sex without using any birth control, if the birth control method did not work (for example, the condom broke during sex), you can use **emergency contraception (EC)** to prevent pregnancy. It should only be used in an emergency—not for regular birth control. EC can prevent some, but not all, pregnancies. It is most effective when taken as soon as possible after having unprotected sex.





POSTPARTUM CONTRACEPTION



Why is postpartum birth control recommended?

If you are not using a birth control method, it is possible to get pregnant very soon after having a baby. Using a birth control method in the weeks after you have a baby (the postpartum period) helps you avoid an unintended pregnancy

How do I choose a postpartum birth control method?

When choosing a birth control method to use after you have a baby, think about the following:

- **Timing**—Some birth control methods can be started right after childbirth. With other methods, you need to wait a few weeks to start.
- **Breastfeeding**—All methods are safe to use while breastfeeding. But there are a few methods that are not recommended during the first weeks of breastfeeding because there is a very small risk that they can affect your milk supply.
- **Effectiveness**—The method you used before pregnancy may not be the best choice to use after pregnancy. For example, the sponge and cervical cap are much less effective in women who have given birth.



What is an IUD?

The intrauterine device (IUD) is a small, T-shaped device that your obstetrician–gynecologist (ob-gyn) or other health care professional inserts into your uterus. IUDs can be inserted right after a vaginal or cesarean birth or at your first postpartum health care visit.

The hormonal IUD releases a small amount of progestin into the uterus and is approved for up to 3 to 6 years of use, depending on the type you get. The copper IUD releases a small amount of copper into the uterus and is approved for up to 10 years of use. Both work mainly by stopping the egg and sperm from joining (fertilization).

What is PPIUCD ?

The CuT-380A is approved for immediate postpartum insertion as a method of contraception.

The usual timings are:

- Immediate Postpartum:
 - Postplacental: Insertion within 10 minutes after expulsion of the placenta following a vaginal delivery on the same delivery table.
 - Intracesarean: Insertion that takes place during a cesarean delivery, after removal of the placenta and before closure of the uterine incision.
 - Within 48 hours after delivery: Insertion within 48 hours of delivery and prior to discharge from the postpartum ward.
- Postabortion: Insertion following an abortion, if there is no infection, bleeding or any other contraindications.
- Extended Postpartum/Interval: Insertion any time after 6 weeks postpartum.

What is a birth control injection?

The birth control injection contains a type of progestin called depot medroxyprogesterone acetate (DMPA). It works by preventing ovulation. Your ob-gyn or other health care professional will give you a shot of DMPA in your arm or buttock every 3 months. You can get your first shot right after a vaginal or cesarean birth.



What are the benefits of the progestin-only pill?

Progestin-only pills do not interfere with sex. They may reduce menstrual bleeding or stop your period altogether.

What are the possible risks and side effects of the progestin-only pill?

Side effects include headaches, nausea, and breast tenderness. Progestin only pills should not be used if you have breast cancer or a history of breast cancer. They are not recommended if you have certain medical conditions.

What is a barrier method?

Barrier methods include spermicide, male and female condoms, the diaphragm, the cervical cap, and the sponge. Barrier methods work by preventing the man's sperm from reaching the woman's egg. The cervical cap, diaphragm, and sponge can be used starting 6 weeks after childbirth, when the uterus and cervix have returned to normal size. If you used a diaphragm or cervical cap before childbirth, you should be refitted after childbirth.

What is lactational amenorrhea method?

Lactational amenorrhea method (LAM) is a temporary method of birth control based on the natural way the body prevents ovulation when a woman is breastfeeding. It requires exclusive, frequent breastfeeding. The time between feedings should not be longer than 4 hours during the day or 6 hours at night. LAM may not be practical for many women.

Possible risks and side effects of lactational amenorrhea method?

There are no health risks or side effects to using LAM. This method can be used for only 6 months after childbirth or until your period returns. It is unclear whether pumping breast milk decreases the effectiveness of LAM.





In a women with Polycystic Ovarian Syndrome(PCOS), What would be the best contraceptive ?

The COC that is the combined oral contraceptives would be the best option. Among the COC's , the drospirinone / cyproterone acetate containing pill may be a good option as they have antiandrogenic and pure progestational actions. There is a beneficial effect on hirsutism and acne and minimal or no weight gain.

In a Hypertensive patient, what contraception would be better?

In mild Hypertension and if the woman is below 35 years, the low dose pill can be used, provided hypertension is well controlled and she is on close follow up. But in severe Hypertension or if she is above 35 years, it is best to avoid COC totally and use a progesterone only method or the IUD

What would be the best contraceptive in Hyperlipidaemia ?

Progesterone can lead to dyslipidaemia and hence progesterone only contraception and most of the COC's are best avoided. The third generation pill containing Desogestrel and gestodene can be used in mild cases, as they have very little effect on lipid profile. The drospirinone containing pill can also be used in mild cases. The other alternative is IUD.

If the woman is Diabetic what contraception would you advise ?

Progesterone only contraception and COC's are best avoided in uncontrolled Diabetes. In well controlled young diabetics without vascular complications, the COC can be used. The barrier method of contraception and IUD would probably be the best option.

What is the best contraception in SLE ?

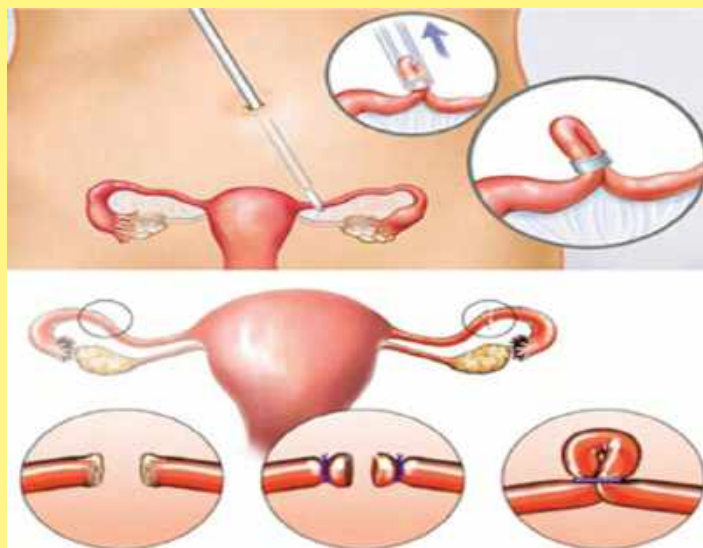
Oestrogen is best avoided as there is a risk of thrombosis. Hence, Depo Provera is advisable. The COC can be used in well controlled cases with no hypertension and who are APLA(anti phospholipid antibody) negative. An IUD can be used, but is best avoided if she is on high doses of Immunosuppressants.

If a women has Epilepsy and on antiepileptics can she take COC ?

Most of the Anti Epileptic drugs have effect on liver and hence the low dose COC or progesterone only pills is best avoided as there may be increased failure. The IUD can be used. Another option is Depo provera / Antara which is effective as the dose is high. In addition, progesterone has an anticonvulsant effect.



TUBAL LIGATION



During tubal ligation, the fallopian tubes are cut, tied or blocked to permanently prevent pregnancy. Tubal ligation prevents an egg from traveling from the ovaries through the fallopian tubes and blocks sperm from traveling up the fallopian tubes to the egg. The procedure doesn't affect your menstrual cycle.

Who performs a Tubal ligation/sterilization?

A Gynecologist usually performs the Tubal sterilization procedure.

What is the best time to have a tubectomy done?

Tubectomy should be done best **within a week after menstruation**. Post partum sterilization is performed **within 72 hours** of completion of a vaginal delivery.

Should sterilization be offered only to women who have had a certain number of children, who have reached a certain age, or who are married?

No. There is no justification for denying sterilization to a woman just because of her age, the number or sex of her living children. Health care providers must not impose rigid rules about age, number of children or age of last child. Each woman must be allowed to decide for herself whether or not she will want more children and whether or not to have sterilization.



Are there any precautions to be followed before a tubectomy?

Refrain from sexual intercourse for at least 4 days before tubectomy. If having sexual intercourse, use a condom.

Why are these precautions essential before undergoing Tubectomy surgery?

The sperms of semen are alive for 48-72 hours. If the women had sex about 2 days before operation, these sperms would be available in the Fallopian tubes and may fertilize the ova or egg. This fertilized ovum maybe implanted inside the uterus and she may become pregnant even after tubectomy.

There is another aspect of presence of viable sperms in the Fallopian tubes. These sperms may remain trapped at the far end of the Fallopian tubes and fertilize an ovum, even after Tubectomy. This fertilized ovum will not be able to pass into the uterus and hence will impregnate the thin Fallopian Tube resulting in ectopic pregnancy. This is a dangerous condition because ectopic pregnancy may result in rupture of Fallopian tube, severe hemorrhage and sometimes even death if not detected early enough.

Will tubectomy protect against sexually transmitted diseases (STDs)?

It's important to know that sterilization won't protect you against sexually transmitted diseases (STDs). Always use a condom during each sexual activity to prevent STDs.

What are the different surgical methods of Tubal Ligation?

Minilaparotomy- Done through a small incision on the abdomen.

Laparoscopic tubal ligation

Vaginal tubal ligation

Hysteroscopic

How soon can I go back to work after sterilization?

That depends on your general health, your attitude, your job and the type of sterilization. Recovery is usually complete in a couple of days. You may want to take it easy for a week or so. Avoid lifting of heavy items for about a week.



Will I still have a period?

Yes. You will continue to have your periods. You may notice **heavier bleeding in the first few cycles** but eventually the monthly bleeding returns to usual patterns. Sterilization won't make you less feminine. It doesn't cause weight gain or facial hair.

It won't decrease your sexual pleasure or cause menopause.

What If Menstruation Does Not Take Place In Time?

Even after all the preoperative precautions, if you do not have menses - you should immediately go for pregnancy check up. Though tubectomy might have been done correctly, chances of spontaneous re-joining of the tubes are known to occur in rare instances.

Can Tubectomy Operation Be Undone?

Yes. Ligated and divided tubes can be successfully opened and their lumen restored by using microsurgery. However Tubal sterilization procedures like hysteroscopic placement of implants are permanent and so are not reversible. The results of subsequent pregnancy are however not high.

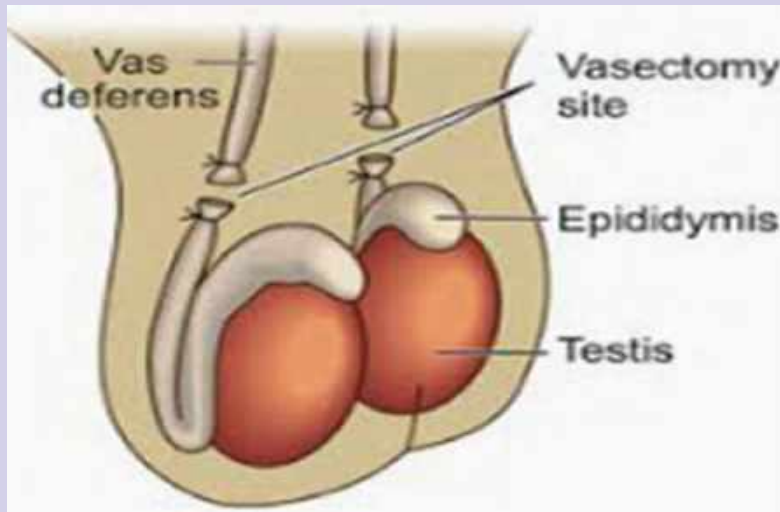
Does a woman who has had a sterilization procedure ever have to worry about getting pregnant again?

Generally, no. Female sterilization is very effective at preventing pregnancy and is intended to be permanent. It is not 100% effective, however. Women who have been sterilized have a slight risk of becoming pregnant: About 5 of every 1,000 women become pregnant within a year after the procedure. The small risk of pregnancy remains beyond the first year and until the woman reaches menopause.





VASECTOMY



Vasectomy is a surgical procedure for male sterilization or permanent contraception.

Vasectomy is performed as an **outpatient procedure** and it usually takes about **half an hour**.

Does vasectomy affect my sex drive or my ability to have sex?

No. You will still have erections and produce the same amount of semen when you ejaculate. The only difference is that the semen doesn't contain sperm.

Is vasectomy 100% effective?

No contraceptive method is 100% guaranteed, but vasectomy is one of the most effective methods available. There is a slight chance of pregnancy after vasectomy (around 1 in 2,000) which can occur even after several years.

Is vasectomy effective immediately?

No – at the time of your vasectomy there are millions of sperm in your system, which need to be flushed out. Patients will need to **continue to use other birth control methods during intercourse** until their doctor tests their semen to prove that no more sperm are present. To confirm the success of the vasectomy, doctors check sperm count sometime **8-12 weeks** after the procedure. Once two consecutive sperm counts show no sperm, the patient is considered sterile



Where does the needle go?

The needle for the local anaesthetic is injected into the skin on both sides of your scrotum. The needle is not injected into your testicles.

What are signs I should watch for after my surgery?

Swelling and bruising in the genital area is part of the normal healing process. Some aching in the testicles can occur, but usually resolves on its own. Though complications are very rare, if you experience fever, severe pain or swelling that is getting worse instead of better, report to your doctor.

***What should I expect after the procedure?**

The main post-operative risk is with bleeding in the first 6-12 hours, so you should plan on a quiet afternoon and evening at home with your feet up in the recliner. You will be given a prescription for pain medication on the day of your procedure. An ice pack applied to the scrotum will help limit the swelling in the first 24-48 hours. By the next morning, you should be able to get around without difficulty, but avoiding heavy exercise, lifting or bike riding for one week. Within 2-3 days, you will be able to return to work. Any bruising on the skin should disappear within 5-7 days. Pain at the entry site is usually minimal. You might, however, notice a pulling or dragging sensation in the groin area for up to 2-3 weeks, though some men feel hardly anything at all. Tight underwear or a scrotal supporter (“jock strap”) will help ease this sensation of “heaviness” in the scrotum. You should abstain from ejaculation for 2 weeks after the procedure.

What are the risks associated with vasectomy?

The risks of vasectomy include bleeding/bruising, infection, sperm granuloma (inflammatory reaction to sperm), and chronic pain (post-vasectomy pain syndrome). No surgical procedure is perfect and vasectomy is no exception. There is a small chance of either early failure (1 chance out of 500) or late failure (1 chance out of 1000), meaning that sperm returns to the ejaculate after the count has gone to zero. Vasectomies sometimes can fail because of a process called “recanalization” where a tiny microscopic connection is formed between the two cut ends of the vas. Otherwise, vasectomy has little consequence for a man's long-term health.



When can I go back to work and other activities, like sports?

It is important to not overdo it in the first week after your procedure. While one week is generally enough time before resuming normal activity, it takes two to three weeks for the body to fully recover. So even if you're feeling back to normal soon after your vasectomy, the best policy is to allow a week of recuperation to avoid possible complications.

When can I resume sexual activity?

It is recommended that patients abstain from sexual activity for one week.

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Can I reverse my vasectomy?

Vasectomy is meant to be permanent. The chances of a successful vasectomy reversal vary a great deal.

What about sperm banking, just in case?

While vasectomy is considered a permanent procedure, it can be reversed, but will be far more difficult and expensive than the original vasectomy procedure and it is often not covered by insurance plans. Patients may also consider sperm banking (“freezing sperm”), just in case the decision or opportunity arises to father another child in the future.





Is contraception safe to use during the COVID 19 pandemic?

Yes. All modern methods of contraception are safe to use during the COVID- 19 pandemic. If you have had a baby in the last six months or have a health condition, such as diabetes, high blood pressure, or breast cancer – or if you smoke, seek advice from a health care professional to ensure you are using a method of contraception which is suitable and safe for you.

What can I do to avoid getting pregnant during this pandemic?

If you do not want to become pregnant, you should start or continue to use your contraceptive method of choice. You may be able to access information and contraceptive services from a healthcare provider by phone or online.

If you cannot access these services you may opt for a method that is available without a prescription (such as condoms, spermicides, oral contraceptive pills, or emergency contraceptive pills) from a nearby pharmacy or drug shop.

I cannot access my contraceptive method of choice. What should I do?

If you cannot access your contraceptive method of choice – perhaps because it requires a prescription, or because it can only be given to you by a health worker – consider using condoms, fertility awareness-based methods, lactational amenorrhea (if you are exclusively breastfeeding) or methods recommended for self- care that includes include the pill or mini-pill, emergency contraception pills, and DMPA.

What is the best contraceptive method to use during the COVID -19 pandemic?

All modern methods of contraception help to prevent pregnancy. Women and their partners can choose any modern contraceptive method that is acceptable to and safe for them. The best method of contraception is the one that works well for you.

Condoms, when they are used consistently and correctly, are the only method of contraception that help to prevent unintended pregnancy and protect against sexually transmitted infections, including HIV. They can be used together with other methods of contraception to protect against both unintended pregnancy and sexually transmitted infections.



Emergency contraceptive pills can prevent up to 95% of pregnancies when taken within 5 days after intercourse, and they can be taken by anyone with or without a health condition

Is it possible to change my contraceptive method?

Yes. It may be difficult however, to access all the methods of contraception that are normally available due to restrictions on movement, lack of supply, as well as increased demands on health providers and services.

If you have a pre-existing health condition, consult a health care provider to find out what options suit you the best, and which are available and feasible. Seek advice and information from your health provider and consider using methods that do not have medical restrictions like minipills, condoms, fertility awareness-based methods, diaphragm, spermicides or lactational amenorrhea if you are exclusively breastfeeding.

I want to remove or replace my implant/ IUCD. Can I do this during COVID -19 pandemic?

Seek advice from your health provider. If you are experiencing side effects or desire urgent removal for other reasons, contact a provider to find out what options suit you best, and which are available and feasible.

If, due to restrictions on movement due to the COVID-19 pandemic you cannot have your long acting method removed straight away, it is important to use another method of contraception to avoid pregnancy at this time.

There are no medical problems caused by delaying removal of long acting methods such as implants or IUDs. Do not try to remove the contraception method yourself; wait until you are able to access health care from a trained provider.

Why is providing contraception/ family planning as well as family planning services and information important during the COVID -19 pandemic?

Contraception and family planning information and services are life-saving and important at all times. Sexual activity does not cease with the COVID-19 pandemic, it is therefore crucial to ensure that people are able to access rights- based services and information to initiate and / or continue use of contraception.



By preventing unintended pregnancies, contraception helps to protect girls and women from the negative health consequences of unintended pregnancies, which can save their lives. Contraception reduces the need for abortion, meaning that women and girls are less at risk of unsafe abortion, which again can be lifesaving.

In addition, by preventing the negative health consequences associated with unintended pregnancies, unsafe abortion and sexually transmitted infections (including HIV), contraception can help alleviate additional pressure on already-stretched health systems which are working hard to address COVID-19.

