

UBA AMALACHUKWU

18/MHS07/051

PHARMACOLOGY

PHS 204

Discuss contraception and different types with details of any five.

Points to include:

Write what you know about contraception and the types you know.

Give examples of the types of contraceptives and major on any five.

Contraception is the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse. Contraception is a way to prevent pregnancy. Although different contraception methods work in different ways, contraception generally prevents sperm from reaching and fertilising an egg which is how a pregnancy starts. Some forms of contraception are more effective than others. Some are more than 99% effective at preventing pregnancy, particularly the “fit and forget” Long Acting Reversible Contraception (LARC) methods.

Only condoms and internal condoms give protection against STIs as well as pregnancy. They must be used correctly and used every time you have sex. Other methods of contraception only protect against pregnancy.

Preventing sperm from getting to the eggs. Types include condoms, diaphragms, cervical caps, and contraceptive sponges. Keeping the woman's ovaries from releasing eggs that could be fertilized. Types include birth control pills, patches, shots, vaginal rings, and emergency contraceptive pills. IUDs, devices which are implanted into the uterus. They can be kept in place for several years.

Sterilization, which permanently prevents a woman from getting pregnant or a man from being able to get a woman pregnant.

TYPES OF CONTRACEPTIVES

- caps
- combined pill
- condoms (female)
- condoms (male)

- contraceptive implant
- contraceptive injection
- contraceptive patch
- diaphragms
- intrauterine device (IUD)
- intrauterine system (IUS)
- natural family planning
- vaginal ring
- Natural family planning (fertility awareness)

DIAPHRAGMS

A contraceptive diaphragm or cap is a circular dome made of thin, soft silicone that's inserted into the vagina before sex. It covers the cervix so sperm can't get into the womb (uterus) to fertilise an egg. You need to use it with a gel that kills sperm (spermicide). You only have to use a diaphragm or cap when you have sex, but you must leave it in for at least 6 hours after the last time you had sex. You can leave it in for longer than this, but don't take it out before. You need to apply more spermicide if: you have sex again with the diaphragm or cap in place, the diaphragm or cap has been in place for 3 hours or more before you have sex.

Don't take the diaphragm or cap out to reapply spermicide. A diaphragm or cap doesn't provide reliable protection against sexually transmitted infections (STIs). If you're at a high risk of getting an STI – for example, you or your partner has more than one sexual partner – you may be advised to use another form of contraception.

Intrauterine device (IUD)

An IUD is a small T-shaped plastic and copper device that's put into your womb (uterus) by a doctor or nurse. It releases copper to stop you getting pregnant, and protects against pregnancy for between 5 and 10 years. It's sometimes called a "coil" or "copper coil". The IUD is similar to the intrauterine system (IUS), but instead of releasing the hormone progestogen like the IUS, the IUD releases copper into the womb. The copper alters the cervical mucus, which makes it more difficult for sperm to reach an egg and survive. It can also stop a fertilised egg from being able to implant itself. If you're 40 or over when you have an IUD fitted, it can be left in until you reach the menopause or you no longer need contraception.

When inserted correctly, IUDs are more than 99% effective. An IUD works as soon as it's put in and lasts for 5 to 10 years, depending on the type. It can be put in at any time during your menstrual cycle, as long as you're not pregnant. There's a small risk of getting an infection after it's been fitted. There's a small risk that your body may push out the IUD or it may move. It may not be suitable if you have had previous pelvic infections. Your periods may become heavier, longer or more painful, though this may improve after a few months.

It does not protect against sexually transmitted infections (STIs), so you may need to use condoms as well.

CONDOMS

The condom is a form of contraception. It also protects against sexually transmissible infections (STIs). This page explains how a condom works and tells you how to use it. A condom is a fine barrier which is rolled on to the penis before sex. It is used as a barrier to stop sperm and infection passing between sexual partners. It is usually made of rubber. Condoms are used for vaginal, anal and oral sex. There are two types of condoms: male condoms, which are worn on the penis, and female condoms, which are worn inside the vagina.

Condoms need to be stored in places that aren't too hot or cold, and away from sharp or rough surfaces that could tear them or wear them away. Putting on a condom can be an enjoyable part of sex, and doesn't have to feel like an interruption. If you're sensitive to latex, you can use polyurethane or polyisoprene condoms instead. A condom must not be used more than once. Use a new one each time you have sex.

It's important that the man's penis does not make contact with the woman's vagina before a condom has been put on. This is because semen can come out of the penis before a man has fully ejaculated (come). If this happens, or if semen leaks into the vagina while using a condom, seek advice about emergency contraception from your GP or sexual health clinic. You should also consider having an STI test.

VASECTOMY

Vasectomy is a minor operation that stops men being able to get a woman pregnant. The tubes that carry sperm from a man's testicles to the penis are cut blocked or sealed. Vasectomy is usually carried out under local anaesthetic, and takes about 15 minutes. This prevents sperm from reaching the seminal fluid (semen), which is ejaculated from the penis during sex. There will be no sperm in the semen, so a woman's egg can't be fertilised. The man can still ejaculate.

Male sterilisation is considered permanent – once it's done, you don't have to think about contraception again. You need to use contraception for at least eight weeks after the operation, because sperm stay in the tubes leading to the penis. Up to three Vasectomy doesn't protect against sexually transmitted infections (STIs). Use a condom to protect yourself and your partner against STIs. Semen tests are done after the operation, to ensure that all the sperm have gone.

Vasectomy works by stopping sperm from getting into a man's semen. This means that when a man ejaculates, the semen has no sperm and a woman's egg cannot be fertilised.

Natural family planning (fertility awareness)

Natural family planning is a method that teaches you at what time during the month you can have sex without contraception and with a reduced risk of pregnancy. The method is sometimes called fertility awareness.

It works by plotting the times of the month when you're fertile and when you're not. You learn how to record fertility signals, such as your body temperature and cervical secretions (fluids or mucus), to identify when it's safer to have sex. Natural family planning is more effective when more than one fertility signal is monitored. The aim of natural family planning is to prevent pregnancy by avoiding sex, or using barrier methods of contraception, during the woman's fertile time. Natural family planning involves using your body's signs and symptoms to assess if you're currently fertile and likely to get pregnant if you have sex.

There are three different fertility indicators you can use in combination to increase the effectiveness of natural family planning. These are:

- daily readings of your body temperature
- changes to your cervix – specifically, the secretions of mucus from your cervix
- the length of your menstrual cycle