

Name: Obiadi Ginika

Department: Anatomy

Matric No: 18/MHS03/009

Course Code: PHS 204

Course Title: Endocrine and Reproductive physiology

Assignment

1. Write what you know about contraception and types you know
2. Give examples of the types of contraceptives and major on any five

Contraceptives and types

The deliberate use of artificial methods or other techniques to prevent pregnancy. The major forms of artificial contraception are: barrier methods, of which the commonest is the condom or sheath; the contraceptive pill, which contains synthetic sex hormones which prevent ovulation in the female; intrauterine devices, such as the coil, which prevent the fertilized ovum from implanting in the uterus; and male or female sterilization.

The most effective methods of birth control are sterilization by means of vasectomy in males and tubal ligation in females, intrauterine devices, and implantable birth control. This is followed by a number of hormone-based methods including oral pills, patches, vaginal rings, and injections. Less effective methods include physical barriers such as condoms, diaphragms and birth control sponges and fertility awareness methods. The least effective methods are spermicides and withdrawal by the male before ejaculation. Sterilization, while highly effective, is not usually reversible; all other methods are reversible, most immediately upon stopping them. Safe sex practices, such as with the use of male or female condoms, can also help prevent sexually transmitted infections. Other methods of birth control do not protect against sexually transmitted diseases. Emergency birth control can prevent pregnancy if taken within 72 to 120 hours after unprotected sex. Some argue not having sex is also a form of birth control, but abstinence-only sex education may increase teenage pregnancies if offered without birth control education, due to non-compliance.

Birth control methods include barrier method, hormonal birth control method, intrauterine devices (IUDs), sterilization, and behavioral methods. They are used before or during sex while emergency contraceptives are effective for up to five days after sex. Effectiveness is generally expressed as

the percentage of women who become pregnant using a given method during the first year, and sometimes as a lifetime failure rate among methods with high effectiveness, such as tubal ligation.

The most effective methods are those that are long acting and do not require ongoing health care visits. Surgical sterilization, implantable hormones, and intrauterine devices all have first-year failure rates of less than 1%. Hormonal contraceptive pills, patches or vaginal rings, and the lactational amenorrhea method, if adhered to strictly, can also have first-year (or for LAM, first-6-month) failure rates of less than 1%. With typical use, first-year failure rates are considerably high, at 9%, due to inconsistent use. Other methods such as condoms, diaphragms, and spermicides have higher first-year failure rates even with perfect usage.

While all methods of birth control have some potential adverse effects, the risk is less than that of pregnancy. After stopping or removing many methods of birth control, including oral contraceptives, IUDs, implants and injections, the rate of pregnancy during the subsequent year is the same as for those who used no birth control.

There are different types of contraceptives:

- Cap
- Combined pill
- Condoms
- Contraceptive implant
- Contraceptive injection
- Contraceptive patch
- Diaphragm
- Female condoms

2.

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

Cap- Example (Femcap)

Combined pills- Example (Yasmin, Microgynon)

Condoms- Example (Latex condom)

Contraceptive implant- Example (Femplant)

Contraceptive injection- Example (Noristeral, Depo-Provera)

Female condom- Example (Femidom)

Cap

The contraceptive cap is a circular dome made of thin, soft silicone. It's inserted into the vagina before sex, and covers the cervix so that sperm cannot get into the womb. You need to use spermicide with it (spermicide kills sperm).

The cap must be left in place for six hours after sex. After that time, you take out the cap and wash it. Caps are reusable. They come in different sizes, and you must be fitted for the correct size by a trained doctor or nurse. A cap, like a diaphragm, is a barrier method of contraception. It fits inside your vagina and prevents sperm from passing through the entrance of your womb (the cervix). At present only one brand of cap is available in the UK, Femcap. Femcaps are soft, thin domes made of silicone, and come in three sizes.

About 80% of women find a Femcap that fits them. You can get a cap at some GP surgeries, sexual health clinics and some young people's services. To be effective in preventing pregnancy, the cap needs to be used in combination with spermicide, which is a chemical that kills sperm. You only need to use a cap when you have sex. You must leave it in for at least six hours after the last time you have sex. You can leave it in for up to 48 hours. For the best protection against STIs it's advised that you use a condom as well.

Combined pill

The combined oral contraceptive pill is usually just called "the pill". It contains synthetic female hormones, oestrogen and progesterone. These hormones are produced naturally in woman's ovaries. The hormones in the pill prevent a woman's ovaries from releasing an egg (ovulating). They also make it difficult for sperm to reach an egg, or for an egg to implant itself in the lining of the womb. The pill is usually taken to prevent pregnancy, but can also be used to treat painful periods, heavy periods, premenstrual syndrome (PMS) and endometriosis.

The pill prevents the ovaries from releasing an egg each month (ovulation). It also:

- thickens the mucus in the neck of the womb, so it is harder for sperm to penetrate the womb and reach an egg
- Thins the lining of the womb, so there is less chance of a fertilized egg implanting into the womb and being able to grow.

Condom

Condoms are a barrier method of contraception. They stop sperm from reaching an egg by creating a physical barrier between them. Condoms can also protect against STIs if used correctly during vaginal, anal and oral 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. When used correctly and consistently, condoms are a reliable method of preventing pregnancy.
- They help to protect both partners from STIs, including Chlamydia, gonorrhoea and HIV.
- You only need to use them when you have sex – they do not need advance preparation and are suitable for unplanned sex.
- In most cases, there are no medical side effects from using condoms.
- Male condoms are easy to get hold of and come in a variety of shapes, sizes and flavors.

Contraceptive implant

The contraceptive implant is a thin, flexible 40mm long rod that's inserted under the skin of your upper arm. It's inserted by a professional. The implant stops the release of an egg from the ovary by slowly releasing progestogen into your body. Progestogen also thickens the cervical mucus and thins the womb lining. This makes it harder for sperm to move through your cervix, and less likely for your womb to accept a fertilized egg. The implant steadily releases the hormone progestogen into your bloodstream. Progestogen is similar to the natural

hormone progesterone, which is released by a woman's ovaries during her period.

Contraceptive injection

The contraceptive injection (Depo-Provera, Sayana Press or Noristerat) releases the hormone progestogen into your bloodstream to prevent pregnancy. If you have the injection during the first five days of your cycle, you will be immediately protected against pregnancy.

If you have the injection on any other day of your cycle, you will not be protected against pregnancy for up to seven days. Use condoms or another method of contraception during this time. You can have the contraceptive injection at any time after you have given birth, if you are not breastfeeding. If you are breastfeeding, the injection will usually be given after six weeks, although it may be given earlier if necessary. If you start injections on or before day 21 after giving birth, you will be immediately protected against becoming pregnant. If you start injections after day 21, you will need to use additional contraception for the following seven days. Heavy and irregular bleeding is more likely to occur if you have the contraceptive injection during the first few weeks after giving birth. It's safe to use contraceptive injections while you are breastfeeding.