CARRYOVER COURSE

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MATRIC NUMBER: 17/MHS07/023

DEPARTMENT: PHARMACOLOGY

COURSE CODE: PHS 204

What is contraception

It can be described as the use of a device or procedure to prevent conception as a result of sexual activity.

A woman can get pregnant if a man's sperm reaches one of her eggs (ova).

Contraception tries to stop this happening by:

- I) Keeping the egg and sperm apart
- II) Stopping egg production
- III) Stopping the combined sperm and egg (fertilized egg) attaching to the lining of the womb.

Types of contraception

- 1) Caps or contraceptive diaphragm
- 2) Combined pill
- 3) Condoms (male and female)
- 4) Contraceptive implant
- 5) Contraceptive injection
- 6) Contraceptive patch
- 7) Intrauterine device
- 8) Intrauterine system
- 9) Natural family planning
- 10) Progestogen-only pill
- 11) Vaginal ring

There are 2 permanent methods of contraception

- 12) Female sterilization
- 13) Male sterilization

1) Cap or contraceptive diaphragm

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 fertilize an egg.

Contraceptive cap

When used correctly with spermicide, a diaphragm or cap is 92-96% effective at preventing pregnancy – this means that between 4 and 8 women out of every 100 who use a diaphragm or cap as contraception will become pregnant within a year.

There are no serious health risks.

You only have to think about it when you have sex.

You can put in a diaphragm or cap with spermicide any time before you have sex.

More spermicide is needed if it's been in place for more than 3 hours.

The diaphragm or cap needs to be left in place for at least 6 hours after sex. It can take time to learn how to use it.

Some women develop cystitis (a bladder infection) when they use a diaphragm or cap. Your doctor or nurse can check the size – switching to a smaller size may help.

If you lose or gain more than 3kg (7lbs) in weight, or have a baby, miscarriage or abortion, you may need to be fitted with a new diaphragm or cap.

By using condoms as well as a diaphragm or cap, you'll help to protect yourself against sexually transmitted infections (STIs).

2) Condoms (Male and Female)

Condoms are the only type of contraception that can both prevent pregnancy and protect against sexually transmitted infections (STIs). There are two types of condoms: male condoms, worn on the penis; and female condoms, worn inside the vagina.

Male Condoms

Male condoms are made from very thin latex (rubber), polyisoprene or polyurethane and are designed to stop a man's semen from coming into contact with his sexual partner.

Facts about male condom

When used correctly every time you have sex, male condoms are 98% effective. This means 2 out of 100 women will become pregnant in one year when male condoms are used as contraception.

Oil-based products – such as moisturizer, lotion and Vaseline – can damage latex and polyisoprene condoms, but they are safe to use with polyurethane condoms.

Water-based lubricant is safe to use with all condoms.

It's possible for a condom to slip off during sex. If this happens, you may need emergency contraception and to get checked for STIs.

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.

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.

Condoms have a use-by date on the packaging. Don't use out-of-date condoms. Always use condoms that have the BSI kite mark and the CE mark on the packet. This means they've been tested to high safety standards.

Female Condoms

Female condoms are made from soft, thin synthetic latex or latex. They're worn inside the vagina to prevent semen getting to the womb.

facts about the female condom

If used correctly, female condoms are 95% effective.

They protect against pregnancy and sexually transmitted infections (STIs).

A female condom needs to be placed inside the vagina before there's any contact with the penis.

Always buy condoms that have the CE mark or the BSI Kitemark on the packet.

This means they have been tested to high safety standards.

A female condom can get pushed inside the vagina during sex, but it's easy to remove them yourself if this happens.

Female condoms may not be suitable for women who are not comfortable touching their genital area.

Female condoms should not be reused. Open a new one each time you have sex.

3) Contraceptive implant

The contraceptive implant (Nexplanon) is a small flexible plastic rod that's placed under the skin in your upper arm by a doctor or nurse. It releases the hormone progestogen into your bloodstream to prevent pregnancy and lasts for 3 years.

About the Contraceptive implant

The implant is more than 99% effective.

Once the implant is in place, you don't have to think about it again for 3 years.

It can be useful for women who can't use contraception that contains estrogen.

It's very useful for women who find it difficult to remember to take a pill at the same time every day.

The implant can be taken out if you have side effects.

You can have it removed at any time, and your natural fertility will return very quickly.

When it's first put in, you may feel some bruising, tenderness or swelling around the implant.

Your periods may become irregular, lighter, heavier or longer.

A common side effect is that your periods stop (amenorrhoea). It's not harmful, but you may want to consider this before deciding to have an implant.

Some medicines can make the implant less effective.

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

4) Contraceptive injection

The contraceptive injection (Depo-Provera, Sayana Press or Noristerat) releases the hormone progestogen into your bloodstream to prevent pregnancy.

Depo-Provera lasts for 13 weeks. Occasionally, Noristerat may be given, which lasts for 8 weeks.

Sayana Press also lasts for 13 weeks, but it's a newer type of injection so is not available at all clinics or GP surgeries.

About contraceptive injection

If used correctly, the contraceptive injection is more than 99% effective.

It lasts for 8 or 13 weeks (depending on which injection you have) so you do not have to think about contraception every day or every time you have sex during this period.

It's very useful for women who find it difficult to remember to take a pill at the same time every day.

It does require you to remember to have a repeat injection before it expires or becomes ineffective.

It can be useful for women who cannot use contraception that contains oestrogen.

It's not affected by other medicines.

Side effects can include weight gain, headaches, mood swings, breast tenderness and irregular bleeding.

Your periods may become more irregular, heavier, shorter, lighter or stop altogether.

It can take up to 1 year for your fertility to return to normal after the injection wears off, so it may not be suitable if you want to have a baby in the near future.

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

5) 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".

facts about the IUD

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.

It can be taken out at any time by a specially trained doctor or nurse. It's then possible to get pregnant straight away.

Your periods can be heavier, longer or more painful in the first 3 to 6 months after an IUD is put in. You might get spotting or bleeding between periods.

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. Your doctor or nurse will teach you how to check it's in place.

It can be uncomfortable when the IUD is put in, but painkillers can help.

It may not be suitable if you have had previous pelvic infections.

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