REPRODUCTIVE HEALTH

Family planning refers to practices that help individual to attain certain objectives

- (i) To avoid unwanted Births
- (ii) To Bring about wanted birth
- (iii) To regulate the interval between pregnancies
- (iv) To determine the number of children in family

India is first country in world to initiate family planning programme in 1951. In 1977 it changed into family welfare programme "To improve the quality of life of people." "Reproduction and child heath care (RCH) programmes"

Small family norm

1970 slogan was - "Do ya Teen Bas"

1980 slogan was - "Sons or Daughter- Two will do" / Hum Do Hamare Do

"Second after 3 years"

CONTRACEPTIVE METHOD:

Method which prevent unwanted birth or pregnancies are called contraceptive methods. (two types)

- (1) Temporary method or spacing method
- (2) Terminal method

An ideal contraceptive should be user-friendly. easily available. effective and reversible with no or least sideeffects. It also should in no way interfere with the sexual drive. desire and/or the sexual act of the user. A wide range of contraceptive methods are presently available which could be broadly grouped into the following categories. namely Natural/Traditional. Barrier, IUDs, Oral contraceptives, Injectables, Implants and Surgical methods.

(1) Temporary or Spacing Methods: Are of following types-

(i) Chemical Method:

In this method chemicals are used which are spermicidal agent or surface active agents which attach themselves to spermatozoa and inhibit O₂ uptake and kill sperm. Failure rate is approximately 30%.

Example:

Vaginal Foam/tablets = 'Today' Cream or Jelly = "Nim-76"

(Defence Institute of Physiology Allied Science Manufactured it)

These medicines are composed of chemicals like ZnSO 4, KMnO 4, Boric acid, Lactic acid, Citric acid. These chemicals completely destroy sperms so they are called as spermicides.

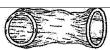
(ii) Barrier method: Ovum and sperms are prevented from physically meeting with the help of barriers.

For Male:

Condom - Condoms are barriers made of thin rubber /latex sheath that are used to cover the penis in the male or vagina and cervix in the female, just before coitus so that the ejaculated semen would not enter into the female reproductive tract. This can prevent conception. 'Nirodh' is a popular brand of condom for the male. Use of condoms has increased in recent years due to its additional benefit of protecting the user from contracting STDs and AIDS. Both the male and the female condoms are disposable. can be self-inserted and thereby gives privacy to the user.

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Male condom

Female condom

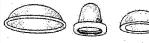
- Failure rate of male condoms = 10-14%
- Failure rate of famale condom = 5-15%

Share

Rakshak

For Female:

Diaphragms, cervical caps and vaults are also barriers made of rubber that are inserted into the female reproductive tract to cover the cervix during coitus. They prevent conception by blocking the entry of sperms through the cervix. They are reusable. Spermicidal creams, jellies and foams are usually used along with these barriers to increase their contraceptive efficiency.



Diaphragm Cervical Vault cap cap

Intra Uterine Devices (I.U.D.): These devices are inserted by doctors or expert nurses in the uterus through vagina.

I.U.C.D.- Intra Uterine Contraceptive Devices:

1st IUCD was used by Graffenberg. It was a Ag made I.U.C.D. when it was put into the uterus, till it was there, the female wasn't pregnant.

Now Cu made IUCD are used.

IUDs are available as:-

- (i) Non-medicated IUDs : e.g. : Lippes loop
- These devices are made of plastic or stainless steel only.
- Lippes loop made of plastic (Polyethylene) impregnated with barium sulphate is still used in many part of world.
- (ii) Copper releasing IUDs: eg. :CuT, Cu7, Multiload 375
- (iii) Hormone releasing IUDs: eg.: Progestasert, LNG-20

CuT Multiload 375

Two IUCDS

Mechanism:

- Non-medicated IUDs, promote the phagocytic cells of uterus to phagocytosis of sperms within the uterus.
- Copper releasing IUDs released Cu ions suppress sperm motility and the fertilizing capacity of sperms.
- The hormone releasing IUDs make the uterus unsuitable for implantation and the cervix hostile to the sperms.
- IUDs are ideal contraceptives for the females who want to delay pregnancy and / or space children. It is one of most widely accepted methods of contraception in India.
- Failure rate of IUDs is approximately 1-3%

(iii) Hormonal Method:

This is the most effective method (almost 100% effective) Most widely used contraceptive method. In this method oral pills, injections and implants are used. **Female oral pills are** - Mala-N, Mala-D- Daily oral pills

Failure rate = 0.1%



Hormone	Hormone
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Power by: VISIONet Info Solution Pvt. Ltd implant injection
Website: www.edubull.com Mob no.: +91-9350679141 capsules

The daily oral pills are started preferably within the first five days of menstrual cycie. For 1 to 21 days-Hormonal pills are given and Iron or Fe pills are given in last 7 days for recovery of blood loss in menstruation flow and to maintain regularity of pills.

Composition of oral pill

- (a) Norethisterone acetate (Synthetic progesterone)
- High concentration
- (b) Ethynyl estradiol (Synthetic Estrogen)
- Low concentration



Oral contraceptive pills

Mechanism:

Action of oral pill is to prevent the Ovulation from ovary this is achieved by blocking the pituitary secretion of gonadotropin (FSH and LH) that is necessary for ovulation. Progesterone only preparations render the cervical mucosa thick and scanty this prevent / retard entry of sperms. So fertilization is absent.

Saheli - Weekly oral pills. Non-steroidal pill. (Developed by scientists at CDRI Lucknow)

- Few side effects and high contraceptive value.
- Failure rate= 1.83%
- Saheli chemical composition of centchromen or ormeloxifen. Ormaloxifen antiestrogenic prevent implantation activity and cause contraception.

Injection - DMPA - (Depot - medrox-Y progesterone acetate) (Depot = slow release) Implant - Norplant./Subcutaneous injection

In these Injections high level of progesterone Hormone is present which Inhibit secretion or gonadotropins

so owlation in absent.

Failure rate= 0-0.4%

Male Pill:

Gossypol- Made from cotton seeds. This pill prevent spermatogenesis. Now it has been banned because it causes permanent azzospermia (preventing spermatogenesis) Progesterone hormone can be used in male oral pills. In July 2000 china made progestrone pills for male (first time in world).

Emergency contraceptive methods:

Contraceptives methods which are used within 72 hours of unprotected sexual intercourse.

- (a) Emergency contraceptive pills progesterone only pill. eg. i-pill, unwanted-72 (LNG)
- (b) IUD-IUD can also be use as an emergency contraception.

Administration of progestogens or progestogen-estrogen combinations or IUDs within 72 hours of coitus have been found to be very effective as emergency contraceptives as they could be used to avoid possible pregnancy due to rape or casual unprotected intercourse.

- (iv) Natural method: Work on the principle of avoiding chances of ovum and sperms meeting.
- (a) Rhythm or Periodic abstinence method- 1st 7 days after Menstruation Cycle (M.C.) and 7 days before M.C. is called safe period because in these 14 days ovum is absent in fallopian tubes. Hence fertilization usually does not occur. Periodic abstinence is one such method in which the couples avoid or abstain from coitus from day 10 to 17 of the menstrual cycle when ovulation could be expected. As chances of fertilization are very high during this period, it is called the fertile period. Therefore, by abstaining from coitus during this period, conception could be prevented.

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- **(b) Withdrawal or Coitus interruptus-** During sexual intercource, male partner withdraws his penis from vagina just before ejaculation so as to avoid insemination.
- (c) Lactational amenorrhea High concentration of prolactin may lead to inhibition of menstrual cycle in lactating mother. Lactational amenorrhea (absence of menstruation) method is based on the fact that ovulation and therefore the cycle do not occur during the period of intense lactation following parturition. Therefore, as long as the mother breast-feeds the child fully chances of conception are almost nil. However, this method has been reported to be effective only upto a maximum period of six months following parturition. As no medicines or devices are used in these methods, side effects are almost nil. Chances of failure. though, of this method are also high.

(2) Terminal method:

It is a surgical method/Sterilisation - Block gamete transport thereby prevent conception. These techniques highly effective but their reversibility is very poor.

Female sterlisation - 85% Male sterlisation -10 to 15%

For Male: Vasectomy

To cut of vas deferens. So ejaculation of sperm does not occur.

For Female: Tubectomy - To cut of fallopian tubes.

Tubal ligation - To ligate fallopian tubes.

Medical Termination of Pregnancy (M. T.P.) :-

It is relatively safe during the 1~ trimester (upto 12 weeks of pregnancy) and more risk in gmt trimester. Intentional or voluntary termination of pregnancy before full term is called medical termination of pregnancy (MTPl or induced abortion. Nearly 45 to 50 million MTPs are performed in a year all over the world which accounts to 1/Sth of the total number of conceived pregnancies in a year. Obviously, MTP has a significant role in decreasing the population though it is not meant for that purpose. Whether to accept /legalise MTP or not is being debated upon in many countries due to emotional, ethical. religious and social issues involved in it. Government of India legalised MTP in 1971 with some strict conditions to avoid its misuse. Such restrictions are all the more important to check indiscriminate and illegal female foeticides which are reported to be high in India.

Why MTP? Obviously the answer is to get rid of unwanted pregnancies either due to casual unprotected intercourse or failure of the contraceptive used during coitus or rapes. MTPs are also essential in certain cases where continuation of the pregnancy could be harmful or even fatal either to the mother or to the foetus or both.

The Medical Termination of Pregnancy (Amendment) Act, 2017 was enacted by the government of India with the intension of reducing the incidence of illegal abortion and consequent maternal mortality and morbidity. According to this Act, a pregnancy may be terminated on certain considered grounds within the first 12 weeks of pregnancy on the opinion of one registered medical practitioner. If the pregnancy has lasted more than 12 weeks, but fewer than 24 weeks, two registered medical practitioners must be of the opinion, formed in good faith. that the required ground exist. The grounds for such termination of pregnancies are:

- (i) The continuation of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury physical or mental health:
- (ii) There is a substantial risk that of the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.

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INFERTILITY:

If couples are unable to produce children inspite of unprotected sexual cohabitation up to 1 year this is called infertility. It is prevented by assisted reproductive technologies (ART).

It is two types -

- (i) Invitro fertilisation If fertilisation occurs outside the body of female and after it, embryo is transferred into uterus or fallopian tube of surrogate mother or same mother, this is called embryo transfer. Two types of Invitro fertilisation -
- (a) **Zygote Intra Fallopiun Transfer (ZIFT) -** Zygote or early embryos (with upto eight blastomer) could then be transfered into the fallopian tube of surrogate or same mother. This is called ZIFT.
- (b) Intra Uterine Transfer (IUT) If more than eight blastomers (commonly 32 cells stage) transfer into uterus, this is called IUT).
- (c) Intracytoplasmic sperm injection (ICSI) It is an another specialised procedure to form an embryo in the laboratory in which a sperm is directly injected into the cytoplam of ovum.
- (ii) Invivo fertilisation If fertilisation occurs inside the body of female either natural or artificial this is called invivo fertilisation.
- (a) Gamete Intra Fallopian Transfer (GIFT) Transfer of an ovum collected from ovary into the fallopian tube of same female or female who can't produce one, but can provide suitable environment for fertilisation, this is called GIFT.
- (b) Artificial insemination.- If male is unable to inseminate the semen into vagina or very low sperm count in the semen then semen is artificially introduced either into vagina or into the uterus d the female (intrauterine insemination) IUI.

Test-Tube Baby:

(In vitro fertilisation - (IVF - fertilisation outside the body in almost similar conditions as that in the body).

After the fusion of gametes zygote is formed which reaches the 32 celled stage within 24 hrs. Now this embro (blastocyst) is transplanted in normal uterus of same mother or surrogate mother for further development after the completion of gestation period a normal child take birth.

Ist Test tube baby: England, 25 July, 1978, Louise Joy Brown

India: Ist test tube baby is approved as 'Durga'.

Amniocentesis: a foetal sex determination test based on the chromosomal pattern in the amniotic fluid surrounding the developing embryo.

In the 14th or 15th week of pregnancy with the help of long surgical needle, amniotic fluid is taken out from the uterus. In this fluid, few cell of embryo (skin, liver and placenta) are present.

In amniocentesis some of the amniotic fluid of the developing fetus is taken to analyse the fetal cells and dissolved substances. This procedure is used to test for the presence of certain genetic disorders such as, down syndrome, haemoplilia, sickle-cell anemia, etc., determine the survivability of the fetus.

They are tested to know -

- (i) Genetic disorder I chromosomal abnormalities like Down Syndrome
- (ii) Metabolic disorder (deficiency of protein, enzymes, hormones)
- (iii) Detection of Sex (Barr bodies)

Statutary ban on amniocentesis for sex-determination to legally check increasing female foeticides.

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