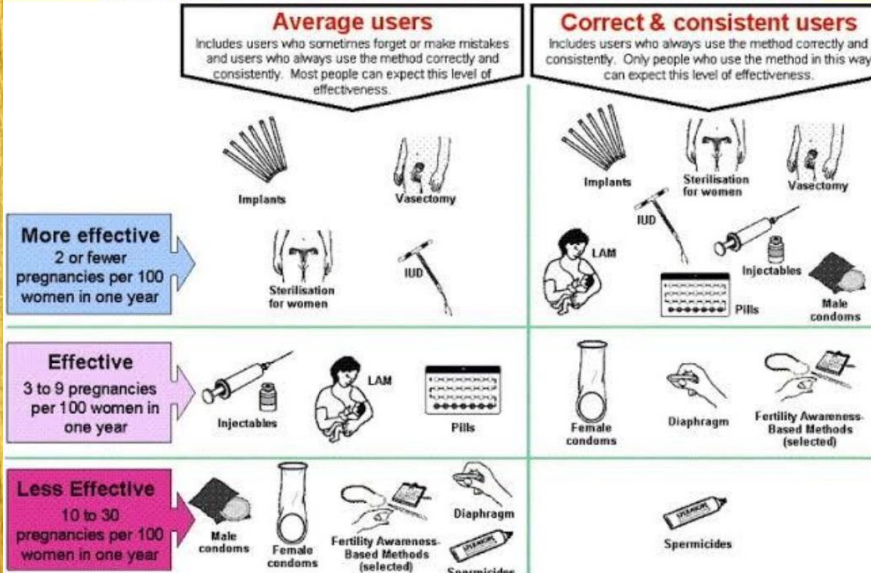


“Creative MOGS “

COMPARING EFFECTIVENESS OF CONTRACEPTIVE METHODS,
 BY-SAKSHI MITTAL, GUIDED BY DR. BHARTI MAHESHWARI, MUZAFFARNAGAR MEDICAL COLLEGE.

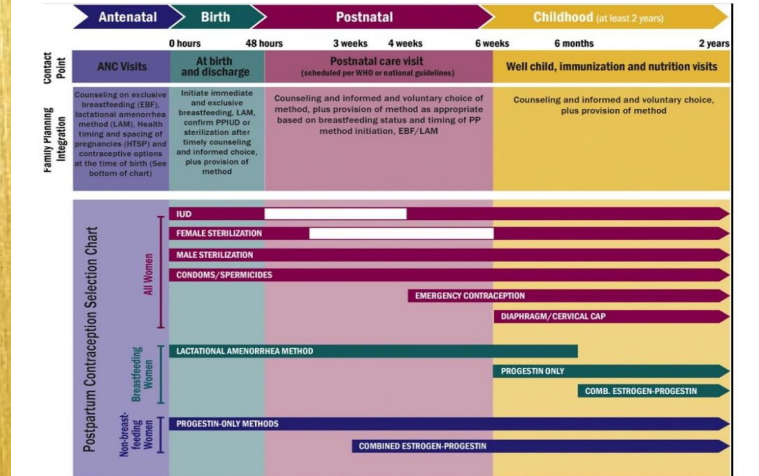


Dr sakshi mittal

MUZAFFARNAGAR MEDICAL COLLEGE MEERUT SOCIETY

Presented by: Dr ANAM ZUBERI
 Moderator: Dr BHARTI MAHESHWARI

POSTPARTUM CONTRACEPTION



Dr Anam Zuberi

“Creative MOGS”

MUZAFFARNAGAR MEDICAL COLLEGE (MERRUT SOCIETY)

Presented by: Dr Divya Khushboo Nirwal
MODERATOR : Dr BHARTI MAHESHWARI

CONTRACEPTION IN COVID-19

Stop in-person family planning clinical training, clinical mentorship, and supervision with healthcare workers.

In case of limited mobility, consider using telehealth/telemedicine (virtual counseling for management of side effects, guidance for decision making, and how to use user-controlled methods).

Encourage self-care options such as user-controlled methods (pills, Sayana[®] Press [DMPA-SC], emergency contraception, and condoms).

Utilize evidence-based duration of efficacy for LARCs to extend need for replacement and counsel clients to use LARCs as an alternative to limit frequent visits to the facility. LARCs insertion should be performed taking into account strict application of IPC measures including PPE (medical facemask and gloves).

Support health facilities to maintain full method mix to the greatest extent possible, including short-term methods (STMs) and insertion/removal of long-acting reversible contraceptives (LARCs) and emergency contraception.

Encourage health providers to prescribe/dispense multi-month refills to minimize trips to the pharmacy or clinic.

Prescribe & Dispense Max Quantities.

Pharmacists should prescribe and dispense the maximum amount of refills and quantities approved by the state to minimize patient visits to the pharmacy.

Authorize Emergency Refills.

Facilitate emergency refills as permitted by state-specific COVID-19 pharmacy executive orders.

Promote Curbside, Delivery & Mailing.

Don't let patients forgo their birth control or emergency online because they're uncomfortable going to the pharmacy. Use [agg_toolkit](#) to promote your services.

Communicate Safely & Effectively.

Proactively contact patients to assess current method and readiness for birth control refill via emails, calls, and automated texts.

Anticipate Patient Needs.

Patient charts and profiles should be proactively reviewed to ensure birth control inventory can fulfill prescriptions due for refills.

Supply Condoms, Emergency Contraception & Pregnancy Tests.

Encourage patients to have a supply of OTC family planning products on hand. Check out this emergency contraceptive guide.

THEME : POPULATION STABILISATION- ROLE OF OBSTETRIAN POSTER PRESENTED BY: DR. MANMEET K. KALRA MUZAFFARNAGAR MEDICAL COLLEGE

Life is full of surprises.
IUDs
1. Lasts for 3-5 years
2. 99% effective
3. No hormones
4. No need to remember
5. No need to insert
6. No need to remove
7. No need to use
8. No need to use
9. No need to use
10. No need to use

Vaginal Rings
1. Lasts for 3 months
2. 99% effective
3. No hormones
4. No need to remember
5. No need to insert
6. No need to remove
7. No need to use
8. No need to use
9. No need to use
10. No need to use

Patch
1. Lasts for 1 week
2. 99% effective
3. No hormones
4. No need to remember
5. No need to insert
6. No need to remove
7. No need to use
8. No need to use
9. No need to use
10. No need to use

NEW INSTRUCTIONS COVID-19

Is my Hormonal Coil safe for longer during Covid-19?
Mirena
Liletta
Kyleena
Levonest
Lavosert
Jaydess
Conifer

UNWANTED BIRTH CONTROL THAT WORKS AFTER UNPROTECTED SEX?
HAVE YOU CONSIDERED AN IUD?
IT'S THE MOST EFFECTIVE EMERGENCY CONTRACEPTION (E.C.).
KEEP USING IT AS SUPER EFFECTIVE BIRTH CONTROL.
★ NO HORMONES ★ TOTALLY PRIVATE ★
YOU MAY BE ABLE TO GET ONE FOR FREE.
YOUR DOCTOR OR NURSE PLAYS AN IUD INSIDE THE UTERUS. IT'S QUICK - LESS THAN 10 MINUTES.
ENTERED IUD? Ask your Healthcare Provider for details.

Dr Divya Kusboo Nirwal

Dr Manmeet K kalra

“Creative MOGS”

WHICH CONTRACEPTIVE METHODS SUITS YOU?

NATURAL METHOD

Fertility Awareness Methods/ Rhythms Method

- Depends on regular period and days between periods because ovum is not released during safe days.
- Not suitable for women with irregular menstrual period.
- Need partner's cooperation.

Withdrawal/Coitus Interruptus

- Man withdraws his penis from vagina before ejaculating.
- Less effective because small drops of sperm may be released into vagina.

Lactational Amenorrhea Method

- It can be effective up to 6 months after childbirth, as long as the mother is exclusively breastfeeding and remains amenorrhea (no periods).
- Breastfeeding temporarily prevent the release of the natural hormones that cause ovulation.
- 98% effective as long as the criteria are satisfied.

SHORT ACTING METHOD

Oral Contraceptive Pills

- Safe, cheap and easy access.
- No serious side effect.
- Low dosage of progesterone and estrogen.
- 91% rate of effectiveness.
- Help woman to have regular menstrual cycle.
- Return to fertility with no delay.

Injection

- Contains synthetic hormone which thicken mucus and prevent sperm from entering womb.
- Can be taken every 2 or 3 months.
- 94% rate of effectiveness.
- Woman will experience irregular menses.
- Return to fertility between 6 months to 1 year.

Patch

- A small, thin, square flexible plastic which contain progesterone and estrogen.
- Can be sticked on abdomen, buttock or upper arm.
- Worn every week for 3 weeks, no patch for the 4th week (menstruation occur).
- Return to fertility with no delay.

Vaginal Ring

- Requires keeping a flexible ring in vagina.
- Start each new ring on time for effectiveness.
- Preventing the release of eggs from the ovaries.
- Return to fertility with no delay.

Female Condom/Male Condom

- Cylinder rubber sheath that can protect from pregnancy.
- For male, condom should be wear during erection of penis.
- Remove the collected sperm in the condom soon after intercourse.
- The rate of effectiveness is 79% (depend on user).

LONG ACTING REVERSIBLE METHOD

Implant

- A small flexible, soft, silastic cylinder rod.
- Inserted under the skin of upper arm.
- performs by doctor.
- Releasing hormone slowly and it is barely visible and last for 3 years.
- For short term and long term use.
- Almost 100% rate of effectiveness.

Intrauterine Device

Copper type

- Small, flexible, no hormone interference.
- Inserted by doctor to prevent the ovum from becoming embedded in the lining of womb.
- Does not interfere with sexual intercourse.
- 98-99% rate of effectiveness.
- Return to fertility with no delay.

Hormonal type

- Small flexible T-shaped plastic device.
- Inserted by doctor into uterus (womb) and releases a progesterone hormone to stop ovary from releasing eggs.
- 99.8% rate of effectiveness.
- Can be used for 3 or 5 years, depend on type and dose.

PERMANENT METHOD

Tubal Ligation/Female Sterilization

- A method where doctor cuts and ties the fallopian tube so that ovum cannot travel down.
- Perform by doctors only.
- No side effect.

Vasectomy

- A method where doctor cuts and ties the tube that carried sperms to prevent sperm from meeting ovum.
- Perform by doctors only.
- No side effect.

FOR FURTHER INFORMATION, CONSULT YOUR DOCTOR TODAY!

Dr Yashi Tripathi

THEME: POPULATION STABILISATION-ROLE OF OBSTETRICIAN

Presented by: DR. AISHWARYA GOEL (PG JR1)
 MUZAFFARNAGAR MEDICAL COLLEGE
 HEAD OF DEPARTMENT: PROF. DR. BHARTI MAHESHWARI
 (MEERUT OBSTETRICS AND GYNAECOLOGY SOCIETY)

MAKE THE RIGHT CHOICE OF CONTRACEPTION

AWARENESS AND COUNSELLING

what suits me?

Girls and boys should be made aware of the contraception best suited to them by counselling at health clinics or beginning sex education during adolescence

Family planning and counselling should be respectful of the human rights of the women and free of stigma and discrimination

Contraception methods

contraception use should be a choice not a compulsion

REMEMBER!

Dr Aishwarya Goel

“Creative MOGS”

MUZAFFARNAGAR MEDICAL COLLEGE BY-SHIVANI BECTOR, GUIDED BY- DR.BHARTI MAHESHWARI, PROF &HEAD CONTRACEPTION AWARENESS

| | |
|---|---|
|  <p>PILLS Oral contraceptives either contain the hormones estrogen and progestin or progestin only. They are prescribed by a doctor and taken daily at the same time. <i>Stops ovaries from releasing eggs</i></p> | 91% EFFECTIVE |
|  <p>SHOTS Progestin shots, commonly known as Depo-Provera®, are injected into buttock or arm by a doctor every three months. <i>Stops ovaries from releasing eggs</i></p> | 94% EFFECTIVE |
|  <p>VAGINAL RING NuvaRing®, a thin, flexible ring, is inserted into the vagina and remains there for three weeks. It is removed the fourth week to allow for a menstrual period. The hormones estrogen and progestin are absorbed through the vaginal walls. A prescription is required. <i>Stops ovaries from releasing eggs</i></p> | 91% EFFECTIVE |
|  <p>PATCH A thin, beige patch is worn on the lower abdomen, buttocks or upper arm for three weeks. It is removed the fourth week to allow for a menstrual period. The hormones estrogen and progestin are released into the bloodstream. A prescription is required. <i>Stops ovaries from releasing eggs</i></p> | 91% EFFECTIVE <small>lower in women who weigh more than 195 pounds</small> |
|  <p>DIAPHRAGM A dome-shaped silicone cup is inserted into the vagina to cover the cervix. It can be covered with spermicide prior to insertion to help kill sperm. Diaphragms come in various sizes and a doctor can determine the proper fit. <i>Blocks sperm from entering cervix and reaching the egg</i></p> | 88% EFFECTIVE |
|  <p>COPPER INTRAUTERINE DEVICE A T-shaped copper device is inserted into the uterus by a doctor. The hormone-free device can remain there for up to 10 years. <i>Releases copper into uterus to prevent sperm from fertilizing eggs</i></p> | 99% EFFECTIVE |
|  <p>HORMONAL INTRAUTERINE DEVICE A T-shaped plastic device that releases progestin is inserted into the uterus by a doctor. It can remain there for up to five years. <i>Thickens cervical mucus to prevent sperm from reaching or fertilizing eggs</i></p> | 99% EFFECTIVE |

Dr shivani Bector

POPULATION STABILISATION: ROLE OF OBSTETRICIAN PRESENTED BY: Dr.Nikshima Chhabra(PG JR1) MUZAFFARNAGAR MEDICAL COLLEGE HOD: Dr.Bharti Maheshwari (Meerut Society)

KNOW YOUR OPTIONS

Is this your attitude to contraception?

| | | | | |
|---------------------------------------|---|--|--|---|
| SUPER EFFECTIVE 99% |  Implant |  IUS |  IUD |  Sterilisation |
| MODERATELY EFFECTIVE 91-94% |  Condom |  Cervical cap |  Vaginal ring |  Patch |
| LESS EFFECTIVE 72-82% |  Diaphragm |  Spermicide |  Withdrawal |  Lactation |

IN THE ORDER OF EFFECTIVENESS FROM TOP TO BOTTOM

IN THE ORDER OF EFFECTIVENESS FROM TOP TO BOTTOM

SPREAD AWARENESS

Media
DOING THE 5 THING FOR MY CAREER BEFORE I DO THE 24-7 THING FOR A BABY.

Traditional campaign posters and slogans

Contraceptive Counselling

Why wasn't I born a man?
The ungendered eye of the one destined to bear most of the world's troubles.

FAMILY PLANNING AND COUNSELLING SHOULD BE:

- Identify** the client's pregnancy intentions.
 - Do you want to be pregnant in the next 3 months or have a baby in the next year?
- Explore** pregnancy intentions & birth control experiences and preferences.
 - What would you think about having a baby now?
 - Why is now a good time for you to have a baby?
 - What experience have you had with birth control?
 - What is important for you in birth control method?
 - What are your reproductive needs/needs from about you using birth control?
- Assist**
 - If you will help you, offer to make the birth control method that you available to make sure you use the birth control.
- Review** method use and understanding.
 - How are you doing with your method?
 - What other questions or concerns do you have?
 - Let's develop follow-up plan once you experience a side effect.
- Provide** birth control the ongoing.
 - Will you tell the doctor when you will have a medical history and make sure the method you choose is safe effective for you.

Free of stigma and other misconceptions

Dr nikshima Chhabra