National Family Planning Program and Overview of Contraceptive Methods

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Evolution of FP Program in India



India is the first country to launch FP Program in 1952

Method Mix in India



Methods of Family Planning

Temporary Methods for Spacing

A. Hormonal:

- Combined Oral Contraceptives (COCs)
- Progestin-only Contraceptives:
 - Progesterone-Only Pill (POPs)
 - Contraceptive Injection: Medroxy Progesterone Acetate (MPA)

B. Non-Hormonal:

- Centchroman Pills (Ormeloxifene: Chhaya)
- IUCD

C. Barrier Methods:

Condoms

Permanent Methods

- Male Sterilization
- Female Sterilization

Emergency Contraceptive Pill (ECPs): Tablet Levonorgestrel 1.5 mg



Combined Oral Contraceptive Pills (COCs)



ASHA Supply: Under HDC scheme

Free Supply: At Public facilities



Mechanism of Action and Schedule

- Contains low doses of Progestin and Estrogen (similar to natural hormones in woman's body)
- Prevents ovulation by suppressing FSH and LH, causing thinning of uterine lining & thickening cervical secretions
- Contains 21 hormonal pills and 7 iron pills/ strip (1 pill to be taken daily)
- Can be started anytime, if reasonably certain that woman is not pregnant
- First dose of COCs to be given only after screening by skilled and trained provider

Benefits and Side Effects

Benefits:

- Safe and effective
- Provides protection against endometrial and ovarian cancer, iron deficiency anemia, PCOS, endometriosis

Limitations:

- Has to be taken everyday
- Cannot be used by breast feeding women if child is less than 6 months old

Side Effects:

- Bleeding changes (irregular Bleeding/no monthly bleeding, etc.)
- Nausea, vomiting, headache
- Weight changes, breast tenderness, acne



Injectable Contraceptive (MPA): Antara Programme

- Composition: An aqueous suspension of microcrystal for depo injection of Medroxyprogesterone acetate (synthetic hormones resembling the natural female hormones)
- Schedule: 3 monthly injection



Centchroman (Ormeloxifene): Chhaya

- Non steroidal, non-hormonal and once-a week pill
- Available in public sector as free and ASHA supply
- Very effective method, effectiveness 1-2 pregnancy/100 women following one year of perfect use





Mechanism of Action and Schedule

 It creates asynchrony between developing zygote and endometrial maturation, which prevents implantation of zygote

For initiation: 1st pill is to be taken on 1st day of period (1st day of bleeding) and the 2nd pill 3 days later

1 st day of pill	First 3 months	After 3 months
Sunday	Sun, Wed	Sun
Monday	Mon <i>,</i> Thu	Mon
Tuesday	Tue, Fri	Tue
Wednesday	Wed, Sat	Wed

1 pill (30 mg) is taken twice a week for 1st 3 months, followed by once a week thereafter



Intra-Uterine Contraceptive Device (IUCD)

IUCD 380 A

- Effective for 10 years
- T shaped device
- Requires loading by "No-Touch Technique" before insertion

IUCD 375

- Effective for 5 years
- Inverted U shaped device
- Loading is not required
- No plunger rod



Male Condoms





- Barrier method used by male partner at the time of intercourse
- Very effective if used correctly and consistently
- Made up of latex rubber

Provides dual protection

ASHA Supply

- Unwanted pregnancy
- STDs (Sexually Transmitted Diseases)

Free Supply

Emergency Contraceptive Pills (ECPs)

- Emergency contraceptive method taken within 72 hrs of unprotected intercourse
- ECPs available in National Family Planning Program contains progestin
 Levonorgestrel 1.5 mg
- It is available as free and ASHA supply (Ezy-pill)

ECPs interfere with:

Ovulation/fertilization/implantation depending on the phase of the menstrual cycle









Male Sterilization

Vasectomy

- Minor surgical procedure performed to cut the Vas deferens and thus prevents sperms entry into semen, so that ejaculate does not contain any sperm
- Operation is simpler than female sterilization



Operation is considered successful only when sperm count confirms that there are no sperms three months after the operation. (Certificate of sterilization is issued after that)

Female Sterilization

- Tubal ligation or "tying tubes"
- Fallopian tubes are tied off and cut apart
- This stops eggs from being fertilized
- Two techniques
 - Minilap Tubectomy
 - Laparoscopic Tubectomy



Effectiveness

*Perfect use failure

Injectable: 0.3% (*Effectiveness depends on timing of first injection, regularity of subsequent doses, injection technique and post injection care*)

COC: 0.3%

Female Sterilization: 0.5%

IUCD: 0.8%

(WHO: Family Planning: A Global Handbook for Providers)

*Perfect use - when use is consistent and exact according to directions.

Thank you