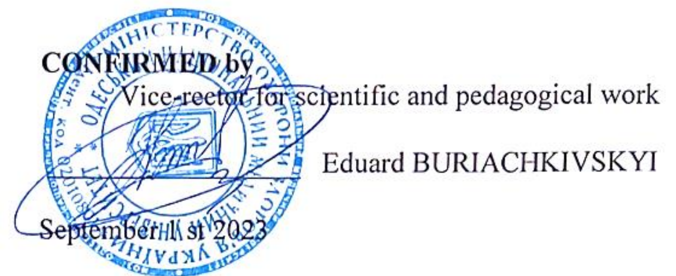
MINISTRY OF HEALTH OF UKRAINE
ODESSA NATIONAL MEDICAL UNIVERSITY

Faculty International
Department of Obstetrics and Gynecology



METHODICAL DEVELOPMENT FOR PRACTICAL LESSONS FROM THE PRODUCTION POLYCLINICAL MEDICAL PRACTICE

Faculty International, course V

Educational discipline "Obstetrics and gynecology"

Practical lesson №2. Topic: «Counseling on family planning and choosing a method of postpartum contraception»

Approved:
Meeting of the Department of Obstetrics and Gynecology of Odesa National Medical University

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Practical lesson 2

Topic: Counseling on family planning and choosing a method of postpartum contraception

Goal: Learn how to collect obstetric and gynecological anamnesis from a woman after childbirth. Learn the patient's examination plan before choosing a contraceptive method. Familiarize yourself with the main types of family planning activities in the postpartum period. Master family planning counseling. Learn how to select a modern method of postpartum contraception.

Basic concepts: Counseling on family planning: directions, advantages, counseling process. General overview of contraceptive methods: MLA, barrier methods and spermicides, IUD, COC, vaginal ring, contraceptive patch. Fertility recognition methods, voluntary surgical sterilization, emergency contraception. Assessment of the patient. An examination is necessary, which is carried out in a planned manner before making a decision on the use of a particular method of contraception. Family planning for people living with HIV.

Equipment: Professional algorithms, structural and logical schemes, tables, models, video materials, results of laboratory and instrumental studies, situational problems, patients, medical histories.

1. Organizational arrangements (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

The topicality of the topic is due to the importance of preventing pregnancy in women in the postpartum period, the need for knowledge of contraceptive methods in the postpartum period in order to be able to advise such women and to achieve certain results:

-avoid unwanted pregnancy;

-give birth to desired children;

-regulate intervals between pregnancies;

-choose the time of the child's birth depending on the age of the parents and their state of health;

- plan the number of children in the family.

2. Control of the reference level of knowledge (written work, written test, online test, face-to-face survey, etc.).

- Requirements for applicants' theoretical readiness to perform practical classes.

Knowledge requirements:

- learn how to collect obstetric and gynecological history of a woman after childbirth;
- learn the patient's examination plan before choosing a contraceptive method;

- familiarize yourself with the main types of family planning activities in the postpartum period;
- master family planning counseling;
- learn how to choose a modern method of postpartum contraception.

List of didactic units:

- counseling on family planning: directions, advantages, counseling process;
- general overview of contraceptive methods: COC, vaginal ring, contraceptive patch, PTP, injectable, IUD, barrier methods and spermicides. Fertility recognition methods, voluntary surgical sterilization, emergency contraception;
- assessment of the patient;
- necessary examination, which is carried out in a planned manner before making a decision on the use of a specific method of contraception;
- family planning for people living with HIV.

Questions (test tasks, problems, clinical situations) to check basic knowledge on the subject of the lesson.

Question:

1. The main tasks of family planning, in particular in the postpartum period.
2. Clinical course of the postpartum period, concepts of early and late postpartum period.
3. The concept of breastfeeding.
4. Method of lactational amenorrhea (MLA).
5. Use of barrier methods of contraception and spermicides in the postpartum period.
6. Appointment of IUD in the postpartum period.
7. Purely progestin contraceptives for women after childbirth.
8. Voluntary surgical sterilization of women after childbirth.

Typical situational tasks:

1.20-year-old unmarried N. came to the clinic for an abortion. The gestation period is 10 weeks. The menstrual cycle is not regular. During communication, it turned out that she does not know about methods of contraception. She is a student and does not want to have children in the near future.

Question:What methods of contraception are the most accepted for her?

Answer:COC, or "Dutch method" - COC with condoms.

2. A 28-year-old woman came to the doctor for follow-up a week after the abortion. She had three births and one abortion. Has three living children. Feeling good at the moment. All children are healthy, the youngest is 4 years old.

Question:What method of contraception can be recommended?

Answer: IUD is recommended if there are no pelvic inflammatory diseases.

Test test tasks:

1. A 32-year-old woman with one child and infrequent (1-2 sexual contacts in two months) sexual relations with one sexual partner should be recommended:

A.Coitus interruptus (withdrawal)

B. Surgical sterilization

S. Condom

D.Natural method

I.Hormonal contraception

2. A woman, 23 years old, has no children. What method of contraception should she not use?

A.Surgical

B. COC

C. IUD

D.Condoms

IS.Natural family planning

Correct answers: 1 - C, 2 - A.

3. Formation of professional abilities and skills (mastery of skills, conducting curation, determining the treatment scheme, conducting laboratory research, etc.).

- Content of tasks (tasks, clinical situations, etc.).

Interactive task:

The applicants of the group are divided into 3 subgroups of 4-5 people each. We work in women's consultation rooms with gynecological patients, we give tasks:

The first subgroup is the assessment of the patient.

Subgroup II – counseling of the patient on family planning, selection of a contraceptive method.

Subgroup III – evaluates the correctness of the answer of subgroups I and II and makes its corrections.

Unusual situational tasks:

1. A 35-year-old patient came to consult on what can be done to get pregnant. In the past, she underwent two operations for an ectopic pregnancy, both fallopian tubes were removed during the operations.

Question:Diagnosis? What possible methods should be used for this patient?

Answer:Secondary infertility. Methods of assisted reproductive technologies (IVF).

2.The patient is 25 years old, has a history of 1 childbirth, 5 induced abortions. Does not get pregnant for 1 year.

Question:Diagnosis?Assign examination methods.

Answer: Secondary infertility. Male examination (spermogram), examination of hormonal status, metrosalpingography, ultrasound.

Non-typical test tasks:

1. A 28-year-old married woman with one sexual partner, suffering from chronic thrombophlebitis of the veins of the lower extremities, mother of one child, needs:

A. Oral contraceptives
B. Surgical sterilization
S. IUD
D. Implants
E. Spermicides

2.A 30-year-old patient complains of infertility for three years. In the history - ectopic pregnancy (operative treatment - salpingectomy on the left one year ago) and right ovarian cyst (operative treatment - adnexectomy on the right two years ago). The man was examined, no pathology was found. What fertility treatment tactics should be advised to this married couple?

A. In vitro fertilization
B. Laparoscopy
C. Hysteroscopy
D. Hydrotubation
E. Artificial insemination with donor sperm

Correct answers: 1 - C, 2 - A.

3.2. Recommendations (instructions) for performing tasks (professional algorithms, orienting maps for the formation of practical skills and abilities, etc.).

Clinical course of the postpartum period, concepts of early and late postpartum period

The postpartum period begins immediately after childbirth and lasts for 56 days. During this time, the organs of the woman's reproductive system return to the state that existed before pregnancy.

The postpartum period is divided into early and late.

The early postpartum period begins with the expulsion of the litter and lasts 2 hours. During this period, the woman in labor is in the delivery room under the supervision of a doctor, which is associated with the occurrence of complications, primarily bleeding. This period is very important and should be considered as a period of rapid adaptation of a woman's body after a heavy load during pregnancy and childbirth.

The late postpartum period begins 2 hours after childbirth and lasts for 56 days. During this period, there is an involution of all organs and systems that have changed in connection with pregnancy and childbirth. An exception is the mammary glands, the function of which is activated precisely in the postpartum period.

It should be noted that the appointment of any method or means of contraception, as a rule, becomes relevant after the end of 56 days after childbirth, because in most cases, due to social circumstances that are acceptable in society, the spouses have a period of postpartum abstinence (abstinence).

Breastfeeding concept

The most physiological, natural way of feeding newborns is breastfeeding.

Breastfeeding improves the course of the adaptive process, promotes local and general immunity, the formation of the physiological microflora of the intestines, and reduces the risk of early infection in newborns.

Feeding of the newborn is carried out at his request.

The method of lactational amenorrhea

The method of lactational amenorrhea (MLA) is the use of breastfeeding as a method of preventing pregnancy. It is based on the physiological effect of suppressing ovulation due to breastfeeding.

The duration of anovulation varies from 4 to 24 months after childbirth, although in some women ovulation resumes in the second month of the postpartum period. Data from scientific studies show that even after the return of menstruation-like secretions, the frequency of pregnancy in women who breastfeed is lower than among women who have stopped breastfeeding.

Physiological infertility develops during lactation. The frequency and duration of breastfeeding determine the duration of anovulatory infertility due to a decrease in the pulsatile release of gonadotropin-releasing hormone (GHG), which, in turn, leads to suppression of the secretion of luteinizing hormone (LH), which is necessary for normal ovarian activity. Previous studies have shown that during breastfeeding, the content of opioids in the hypothalamus, which affect the release of GTRH, decreases.

Prolactin production depends on the frequency and duration of breastfeeding. Breast sucking in newborns causes two reflexes that stimulate milk secretion:

Prolactin reflex: nerve impulses from the peri-mammary areas of the skin are transmitted to the vagus nerve, and then to the hypothalamus, where neuropeptides stimulate the production of prolactin in the pituitary gland, which leads to the secretion of milk and to anovulation;

Milk ejection reflex: impulses from the peri-mammary zone reach the posterior lobe of the pituitary gland, where oxytocin is secreted in response, causing contraction of the mammary gland and secretion of milk.

Although the benefits of breastfeeding for the health of the child are well known, the use of lactational amenorrhea as a method of family planning was determined not so long ago. An international group of scientists gathered in 1988 at the Center for Research and Conferences in Bellagio (Italy) reviewed the scientific data regarding the effect of breastfeeding on fertility.

The team concluded that women who are not using contraception but are fully or almost exclusively breastfeeding and who are amenorrhoeic have a very low risk (less than 2%) of becoming pregnant in the first six months after giving birth. The conclusions formulated by this group became known as the Bellagio Consensus.

The Consensus has become the scientific basis for determining the conditions under which breastfeeding can be safely used to plan birth intervals. Rules were developed for the use of lactational amenorrhea as a method of family planning. These rules include three conditions that must be met in order to ensure protection against unwanted pregnancy:

1. Exclusive breastfeeding;

2. Amenorrhea;
3. No more than 6 months have passed since childbirth

MLA provides protection against pregnancy by more than 98% during the first 6 months after childbirth if the above conditions are met.

Contraceptive advantages:

- Effective (1-2 pregnancies per 100 women in the first 6 months of use)
- Immediate effectiveness
- Not related to sexual intercourse
- Absence of systemic side effects
- There is no need for special medical observation
- Do not refill the contraceptive supply
- No money is required

Advantages are non-contraceptive (for the child):

- Passive immunization
- The best source of nutrients
- Reducing contact with infectious organisms in water, other milk or baby food, as well as with kitchen utensils

Disadvantages:

- Depends on the woman (requires compliance with the rules of breastfeeding).
- It can be difficult to perform due to social circumstances.
- It is highly effective only until menstruation resumes or for no more than 6 months.
- Does not protect against sexually transmitted diseases (including HIV/AIDS).

Who can use MLA:

Women who exclusively breastfeed at least 6 times a day, who have been less than 6 months postpartum and whose menstruation has not yet resumed.

Who should not use MLA:

Women who have resumed menstruation.
Women who do not exclusively breastfeed.
Women, if the child is 6 months or older.

How to use this method (MLA):

Feed the child from both breasts at her request approximately 6-10 times a day.
Feed the baby at least once at night (the interval between two feedings should not exceed 6 hours).
The child may not want to eat 6-10 times a day or may sleep through the night. These are normal phenomena, but if any of them occurs, the effectiveness of breastfeeding as a method of contraception is reduced.

Resumption of menstruation means that the reproductive function has been restored and the woman must immediately start protection (if she has no reproductive intentions).

If menstruation has resumed, the woman needs to start using another contraceptive method, if she is no longer exclusively breastfeeding or the child is 6 months old.

If a woman or her partner is at risk of contracting an STD, including the AIDS virus, barrier methods of contraception (condoms) should be used together with MLA.

Barrier methods of contraception and spermicides

Barrier methods of contraception can be defined as preventing unwanted pregnancy by preventing sperm from entering the vagina or cervix by chemical or mechanical means or a combination of both.

Despite the fact that there are now a number of more effective methods of contraception, the use of condoms remains very important, given that they are the only contraceptive method that can prevent the transmission of HIV and STDs.

It is the use of condoms as a means of preventing unwanted pregnancy that allows men to be actively involved in family planning and careful treatment of women.

When condoms are used correctly, their contraceptive effect is very high, "contraceptive failures" amount to 12.5%.

Mechanism of action:

They prevent sperm from entering the female reproductive tract.

Prevent the transmission of microorganisms (including STDs and HIV) from one partner to another (latex and vinyl only).

Contraceptive advantages:

- Immediate effectiveness
- Do not affect breastfeeding
- Can be used as an insurance method together with other contraceptives
- There is no health risk associated with the use of the method
- There are no systemic side effects
- Widely available (in pharmacies and in non-medical institutions)
- Sold without a prescription
- It is not necessary to conduct a medical examination before starting use
- Inexpensive method

Non-contraceptive benefits:

- Contribute to the involvement of the husband in family planning
- A single method of family planning that provides protection against STDs, HIV (only latex, vinyl)
- May help reduce the risk of developing cervical cancer
- Can be used in the treatment of immunological forms of infertility (within 3-6 months) to prevent sperm antigens from entering the vagina.
- Can be used in case of development of allergic reactions to seminal fluid and/or spermatozoa in a woman.

Disadvantages:

- Average effectiveness (2-12 pregnancies per 100 women during the first year of use)
- Contraceptive effectiveness depends on the couple's willingness to follow the instructions
- Can reduce the sensitivity of the penis
- Disposing of used condoms can be a problem

- Users must have appropriate storage conditions
- It is necessary to have a sufficient supply of condoms before intercourse
- Constant availability is required
- Both the condom itself and the spermicide can cause irritation in men and women

Who cannot use condoms:

- Couples where the woman's pregnancy is a serious danger to her health
- Couples in which one or both partners are allergic to the material from which condoms are made
- Couples who need a highly effective method of contraception
- Couples who want to use a method that does not involve sexual intercourse
- Couples who do not want to constantly and correctly use condoms during every sexual act

Spermicides

The mechanism of action - they cause the destruction of the membrane of spermatozoa, which reduces their mobility and ability to fertilize an egg.

Modern spermicides usually include two components: sperm-damaging chemicals and a base (carrier).

Spermicides, which are used in almost all currently available spermicides, are surfactants - surface-active substances that destroy the cell membranes of spermatozoa. An exception is the drug A-qen-53, sold in Europe, in which an enzyme inhibitor is used as an active spermicidal substance.

The role of the carrier included in spermicides is to ensure the dispersion of the chemical agent in the vagina by enveloping the cervix and holding it in place so that every sperm does not escape contact with the spermicidal ingredient. Occurs in the form ofaerosols, pastes, gels (cream), vaginal foam tablets, soluble suppositories, vaginal foam suppositories.

Contraceptive advantages:

- Immediate effectiveness
- Do not affect breastfeeding
- Can be used as an insurance method together with other contraceptives
- There is no health risk associated with the use of the method
- There are no systemic side effects
- Widely available
- Sold without a prescription
- It is not necessary to conduct a medical examination before starting use.

Non-contraceptive benefits:

- Contribute to the involvement of the husband in family planning
- Some protection against STDs, HIV

Disadvantages:

- Average effectiveness (3-21 pregnancies per 100 women during the first year of use)
- Contraceptive effectiveness depends on the woman's willingness to follow the instructions

- A woman should enter a contraceptive 10-15 minutes before the start of sexual intercourse
- Each injection is effective only for 1-2 hours
- Users must have appropriate storage conditions
- It is necessary to have a sufficient supply before intercourse
- Constant availability is required

Who can use spermicides:

Breastfeeding mothers who need contraception.

Women who do not want or cannot use hormonal methods of contraception, IUD.

Women who want protection against STDs and HIV whose partners do not agree to use condoms.

Couples who need a temporary method of contraception while waiting for another method.

Couples who do not have frequent sexual intercourse.

Who should not use spermicides:

Women whose age or number of births in the anamnesis, or health problems make pregnancy extremely dangerous.

Women who experience difficulties with this method.

Women who are allergic to spermicides.

Women with genital and other anomalies.

Couples who need a highly effective method of contraception.

Couples who do not want to follow the instructions and use spermicide with every sexual act.

Intrauterine devices (IUDs)

IUD are isolated, which have copper, silver, gold, as well as a progestin component.

Mechanism of action:

Affect the ability of spermatozoa to pass through the uterine cavity (which contain metal).

They affect the reproductive process before the egg reaches the empty uterus (which contain metal).

Thicken cervical mucus (progestins).

Change the state of the endometrium (progestins).

Contraceptive advantages:

- High efficiency (0.5-1.0 pregnancies per 100 women during the first year of use)
- Immediate effectiveness
- Long period of action
- The method is not related to sexual intercourse
- The method does not affect breastfeeding
- Immediate return of fertility after removal of IUD
- Few side effects
- In addition to a visit to the doctor after the introduction of the IUD, a woman should consult a doctor only in case of problems

- The patient does not need to have anything in reserve
- Relatively inexpensive method
- Only progestin IUDs reduce menstrual pain and menstrual bleeding

Disadvantages:

- Before introduction, it is necessary to conduct a gynecological examination and an examination for STDs is recommended;
- It is mandatory to have a trained medical worker for the introduction and removal of medical equipment;
- A woman should check the threads of IUD after menstruation, if they were accompanied by pain, cramps, or smearing bloody discharge;
- The woman herself cannot stop using the method (depends on the health worker);
- Spontaneous expulsion of IUD is possible;
- May increase the risk of ectopic pregnancy and STD development in women who are at risk of STDs
- IUDs do not protect against STDs, HIV, if one of the partners is at risk of infection with these diseases, condoms must be used together with IUDs.

Who can use IUD:

Nursing mothers who need contraception;
Women of any reproductive age;
Women with any number of births in history;
Women who wish to have highly effective and long-term protection against pregnancy;
Women who have previously successfully used IUDs;
Postpartum women who are not breastfeeding;
Women who have a low risk of STD infection;
Women who do not want or cannot use hormonal methods;
Women who can forget about the need for daily pill use.

Who should not use IUD:

Pregnant women (established or suspected pregnancy);
Women with unclear vaginal bleeding;
Women with genital tract infection;
Women with congenital anomalies of the uterus and uterine tumors;
Women with heart valve disease in the active phase;
Women diagnosed with trophoblastic tumor, pelvic tuberculosis, genital cancer.

When it is necessary to enter IUD:

On any day of the menstrual cycle, if there is a strong certainty that the woman is not pregnant;
From the first to the seventh day of the menstrual cycle;
After childbirth (immediately after in the first 48 hours or after 4-6 weeks - only IUD with metal; after 6 months, if the woman uses MLA and there is certainty that the woman is not pregnant).

Pure progestin pills

Use of hormonal drugs only with contentprogestagen allows a woman after childbirth to have a reliable means of contraception without interrupting breastfeeding. Such drugs do not affect the quality and quantity of breast milk and the health of the child (after 6 months). If the child is less than 6 months old, progestin can negatively affect the normal growth of the child.

As a progestin are used:
Levonorgestrel
Norethindrone
Norgestrel
Linestrenol

Mechanism of action:

Thicken cervical mucus, preventing the penetration of spermatozoa;
They change the endometrium, complicating implantation;
Reduce the movement of spermatozoa in the upper genital tract (fallopian tubes);
Suppress ovulation.

Contraceptive advantages:

- Effective if taken at the same time every day;
- Immediate effectiveness;
- Gynecological examination is not required;
- The method is not related to sexual intercourse;
- The method does not affect breastfeeding;
- Immediate return of fertility after cessation of use;
- Few side effects;
- The method is convenient and easy to use;
- Do not contain estrogen.

Non-contraceptive benefits:

- May reduce menstrual pain and bleeding;
- Can help reduce anemia;
- Reduce the risk of developing endometrial cancer, the risk of developing benign tumors of the mammary gland.

Disadvantages:

Causes irregular bleeding/spotting in the early stages in almost all women;
Some weight gain or loss is possible;
Constant motivation is required for daily use;
Must be used at the same time every day;
It is necessary to be able to replenish the supply of contraceptives;
Effectiveness may decrease with simultaneous use of some anticonvulsant or antituberculosis drugs (rifampicin);
The method does not protect against STDs, HIV.

Who can use:

Women of any reproductive age;
Women with any number of births in history;
Women who wish to have effective protection against pregnancy;

Nursing mothers in need of contraception;
Postpartum women who are not breastfeeding;
Women who smoke and have blood coagulation disorders;
Women who do not want to use or for whom estrogen-containing contraceptives are not recommended.

Who should not use:

Pregnant women (established or suspected pregnancy);
Women with unclear vaginal bleeding;
Women who cannot tolerate any changes in the nature of menstrual bleeding;
Women who use anticonvulsant or antituberculosis drugs;
Women who cannot remember to take pills at the same time every day.

Combined oral contraceptives

Not recommended for nursing women in the first 6-8 weeks after childbirth;
Postpone the use of COCs until weaning begins;
If a woman is not breastfeeding, COCs can be used 3 weeks after childbirth;
The use of COCs in the first 6 months after childbirth reduces the amount of breast milk and can negatively affect the normal growth of the child (this effect continues for 6 months);
In the first 3 weeks after childbirth, COCs slightly increase the risk of increased blood clot formation due to their estrogen content.

Remark:

COCs are the least acceptable methods for nursing mothers;
3 weeks after childbirth, the risk of increased blood clots disappears;
COCs can be used by women who had preeclampsia during pregnancy, provided that the woman has normal blood pressure and is healthy before using contraceptives.

Voluntary surgical sterilization

There are no medical conditions under which sterilization would be absolutely unacceptable for the patient. There may be conditions or circumstances that dictate the need to observe some precautions or postpone the procedure to correct the woman's condition.

The procedure of surgical sterilization is a tubal occlusion – a surgical blockage of the passage of the tubes in order to prevent the fusion of sperm and egg, i.e. fertilization. Tubal occlusion is a method of permanent cessation of female reproductive function. When the fallopian tubes are blocked (by tying and cutting them or using staples, rings or electrocoagulation), fertilization of the egg becomes impossible.

Methods:

Mini-laparotomy (postpartum, interval)
Laparoscopy

Postpartum mini-laparotomy

The operation can be performed in the delivery unit or operating room in the first two days after delivery. It is performed through a small transverse incision (1.5-3 cm) below the navel, because in the postpartum period the uterus and fallopian tubes are

located high in the abdominal cavity. The operation can be performed under local anesthesia with the use of sedatives and analgesics.

After childbirth, you can use Filshi clamps (clips), which are placed on the fallopian tubes at a distance of about 1-2 cm from the uterus.

Complications may be associated with anesthesia and the development of postoperative inflammatory diseases of the pelvic organs. This complication can be minimized by a thorough examination of the woman in order to identify contraindications to sterilization (postpartum bleeding, infectious diseases and inflammatory processes). The operation should be performed carefully to avoid injury to the intestine, the ligation of the tubes should be reliable to prevent bleeding. The operation is not recommended to be performed later than 48 hours after childbirth due to the risk of ascending infection when it is performed later.

If a mini-laparotomy cannot be performed after delivery, then the operation can be performed after 6 weeks.

Interval mini-laparotomy

It is carried out after full involution of the uterus 6 weeks after childbirth or on any day of the menstrual cycle, if there is certainty that the woman is not pregnant.

The technique of the operation is slightly different: the incision is made above the pubis, a metal uterus lifter is used to bring the uterus and tubes closer to the incision. Sterilization is performed by the Pomeroy or Parkland method.

Laparoscopy

During laparoscopic sterilization, rings, clamps or electrocoagulation are most often used. The operation is performed in a special operating room, the frequency of complications is low.

Advantages of tubal occlusion:

- High efficiency (0.2-4 pregnancies during the first year of use);
- Immediate effectiveness;
- Permanent method;
- Does not affect breastfeeding;
- Suitable for women for whose health pregnancy is a serious danger;
- A simple surgical procedure that is usually performed under local anesthesia;
- No side effects;
- Does not change sexual function - does not affect ovarian function

Disadvantages:

The method is irreversible;
The patient may later regret her decision;
Short-term discomfort/pain after surgery;
Does not protect against STDs, HIV
It should not be carried out in the postpartum period, as well as in women who have STDs, STDs.

General provisions that apply to all women:

The patient has the right to change her decision at any time before the start of the procedure;

The patient cannot be induced by any means to consent to voluntary sterilization;
The patient must write a statement or sign a standard form of voluntary consent to the procedure before the operation begins;
The husband's consent is not a mandatory condition.

Who can use tubal occlusion:

Women of reproductive age;
Women with any number of births in history;
Women who are sure that they have achieved the desired number of children;
Women who want to use a reliable method of contraception;
Women for whose health pregnancy is a serious threat;
Women after childbirth and abortion who do not suffer from STDs, STDs.

Who cannot use tubal occlusion:

Pregnant women (existing or suspected pregnancy);
Women with unexplained vaginal bleeding;
Women with acute pelvic or systemic infection;
Women who cannot tolerate surgical interventions;
Women who are unsure of their future fertility intentions;
Women who did not give voluntary informed consent to the procedure.

II. Practical works (tasks) that will be performed during the lesson:

1. Bimanual study.
2. Collection of smears for bacterioscopic, bacteriological and cytological studies in women in the postpartum period.
3. Examination of mammary glands.
4. Examination in mirrors.
5. Collection of obstetric and gynecological history in the postpartum period in women.
6. Prescribing different methods of contraception to women in the postpartum period depending on their desire, use of breastfeeding, reproductive intentions, state of the reproductive system, presence or absence of extragenital diseases.

Bimanual vaginal examination

1) say hello to the patient;
2) identify the patient (name, age);
3) to inform the patient about the necessity of conducting the study;
4) explain to the patient how the study is conducted;
5) obtain permission to conduct research;
6) wash hands;
7) put on inspection gloves;
8) with the first and second fingers of the left (right) hand, spread the labia majora, place the middle finger of the "dominant" hand at the level of the posterior adhesion, gently press on it to open the entrance to the vagina;
9) carefully and slowly insert the middle finger, then the index finger into the vagina along the back wall to the vault and cervix, bring the fourth and fifth fingers to the palm, bring the thumb to the top;

10) determine the length of the vaginal part of the cervix in centimeters;
11) determine the consistency of the cervix (dense, soft);
12) determine the patency of the external eye of the cervical canal (closed, a fingertip passes through);
13) to assess the painfulness of the excursion of the cervix;
14) the second palm should be carefully placed on the stomach (above the symphysis) and moderately pressed to determine the bottom of the uterine body;
15) take the body of the uterus between two hands and determine:
    - the position of the uterus relative to the cervix (anteflexio, retroflexio);
    - the size of the uterus (normal, reduced, increased);
    - the consistency of the body of the uterus (tight-elastic, soft, compacted);
    - mobility of the uterus (relatively mobile, limited mobility);
    - sensitivity during palpation (painful, painless);
16) place your fingers in the bottom of the right lateral vault and, using both hands, palpate the right vaginal vault and right appendages of the uterus, determine their size, mobility and pain;
17) place your fingers in the bottom of the left lateral vault and, using both hands, palpate the left vaginal vault and the left appendages of the uterus, determine their size, mobility and painfulness;
18) determine the capacity of the vaginal vaults;
19) inform the patient about the results of the study;
20) thank the patient;
21) remove examination gloves;
22) wash hands

Requirements for work results, including to registration

- the main tasks of family planning in the postpartum period;
- basic recommendations for preventing unwanted pregnancy after childbirth;
- method of lactational amenorrhea;
- barrier, contraceptive and intrauterine methods of contraception;
- surgical methods of contraception.

Control materials for the final stage of the lesson: problems, tasks, tests, etc.

Unusual situational tasks:

1. A 19-year-old patient turned to the doctor with a complaint that 2 years ago she underwent an artificial termination of pregnancy at her own request, and the pregnancy has not occurred for the last year. Second marriage.

Question:Diagnosis? What examination should be carried out to determine the cause of infertility?

Answer:Secondary infertility. Examination for urogenital infections, metrosalpingography, ultrasound, male examination (spermogram), examination of hormonal status.

2.The patient is 20 years old, has a 6-month-old girl. The woman does not want to have a child in the next 2-3 years. The husband agrees that they should not have children for 2-3 years.

Question: What method of contraception can be advised to use by the spouse?

Answer: it is best to recommend IUD in this case.

Test tasks:

1. A 32-year-old divorced woman with one child and infrequent (1-2 sexual contacts in two months) sexual relations with one sexual partner should be recommended:
   A. Coitus interruptus (withdrawal)
   B. Surgical sterilization
   C. Condom
   D. Natural method
   E. Hormonal contraception
2. What method of contraception is used only after childbirth:
   A. Intrauterine contraceptives
   B. Voluntary surgical sterilization
   C. Pure progestin injectable contraceptives
   D. Natural family planning
   E. Lactational amenorrhea method

Correct answers: 1 – C, 2 – E.

4. Summing up.

Current control: survey, testing, evaluation of performance of practical skills, evaluation of communication skills during role play, solution of situational clinical tasks, evaluation of activity in class.

Final control: ASPI.

Assessment of current activity in a practical lesson :

- Evaluation of theoretical knowledge on the subject of the lesson:
  - methods: survey, solving a situational clinical problem
  - assessment: maximum – 5, minimum – 3, unsatisfactory – 2
- Evaluation of practical skills and manipulations on the subject of the lesson:
  - methods: assessment of the correctness of the performance of practical skills
  - assessment: maximum – 5, minimum – 3, unsatisfactory – 2
- Evaluation of work with patients on the subject of the lesson:
  - methods: communication skills with the patient and his relatives; correctness of appointment and assessment of laboratory and instrumental studies; compliance with the differential diagnosis algorithm; substantiation of the clinical diagnosis; drawing up a treatment plan
  - assessment: maximum – 5, minimum – 3, unsatisfactory – 2

The grade for one practical session is the arithmetic average of all components

and can only have a whole value (5, 4, 3, 2), which is rounded according to the statistical method.

Current evaluation criteria in practical training

Rating	Evaluation criteria
Perfectly "5"	The applicant is fluent in the material, takes an active part in discussing and solving a situational clinical problem, confidently demonstrates practical skills. Excellently interprets the data of clinical, laboratory and instrumental studies, expresses his opinion on the topic of the lesson, demonstrates clinical thinking.
Fine "4"	The applicant has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates practical skills. Interprets the data of clinical, laboratory and instrumental studies well with some errors, expresses his opinion on the subject of the class, demonstrates clinical thinking.
Satisfactorily "3"	The applicant does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of a situational clinical problem, demonstrates practical skills for and interprets clinical, laboratory and instrumental research data with significant errors.
Unsatisfactorily "2"	The applicant does not possess the material, does not participate in the discussion and solution of the situational clinical problem, does not demonstrate practical skills.

5. List of recommended literature.

Main:

1. Obstetrics and gynecology: National a textbook for medical universities of IV accreditation levels in 4 vols.// Nat. textbook in 4 volumes / V. M. Zaporozhan, T. F. Tatarchuk, I. Z. Gladchuk, V. V. Podolsky, N. M. Rozhkovska, V. G. Marichereda, A. G. Volyanska. .-K.: VSV "Medicine", 2017. - 696 c.
2. Training manual on midwifery (edited by I.B. Ventskivska, V.P. Lakatosha, V.M. Kushcha). - K., 2018. - RA-HARMONY - 210 p.
3. Obstetrics and gynecology: in 2 books. - Book 1. Obstetrics: Textbook for students. honey. ZVO — 3rd edition. Approved by the Ministry of Health / Ed. V.I. Hryshchenko, M.O. Shcherbiny and others. - K.: Medicine, 2018. - 424 p.
4. Obstetrics and gynecology: In 2 books. — Kn. 2: Gynecology: Textbook for students. honey. ZVO — 3rd edition. Approved by the Ministry of Health / Ed. V.I. Hryshchenko, M.O. Cracks — K., 2020. — 376 p.

5. Clinical obstetrics and gynecology: Education. help.: trans. 4th Eng. kind. / Brian A. Magowan, Philip Owen, Andrew Thomson; Ed. of Sciences trans. Mykola Shcherbyna. — K., 2021. — X, 454 p., tv. pal., (art. 4 pr.).
6. Family planning and contraception: study guide / V.I. Boyko, N.V. Kalashnyk, A.V. Boyko and others; in general ed. Dr. Med. Sciences, Prof. V.I. A fight – Sumy: Sumy State University, 2018. – 223 p.

Additional:

1. Order No. 676 of 12/31/2004 "On approval of clinical protocols for obstetric and gynecological care"
2. Order No. 782 dated 12/29/2005 "On the approval of clinical protocols for obstetric and gynecological care" (with changes made in accordance with the orders of the Ministry of Health)
3. Order No. 900 of 12/27/2006 Clinical protocol on obstetric care. "Fetal distress during pregnancy and childbirth."
4. Order No. 901 dated 27.12.2006 Clinical protocol on obstetric care. "Transferred pregnancy".
5. Order No. 906 of 12/27/2006 Clinical protocol on obstetric care. Perinatal infections.
6. Order No. 540 dated 04.08.2006 On approval of the principles of breastfeeding support, criteria and procedure for evaluating a health care facility for compliance with the status "Child-friendly Hospital".
7. Order No. 716 dated 14.11.2007 "On the approval of the clinical protocol for obstetric care "Prevention of transmission of HIV from mother to child".
8. Order No. 502 dated August 29, 2008, "On approval of the clinical protocol for antibacterial prophylaxis in surgery, traumatology, obstetrics and gynecology"
9. Order No. 624 03.11.2008 Clinical protocol for obstetric care "Normal childbirth".
10. Order No. 417 dated 15.07.2011 "On the organization of ambulatory obstetric and gynecological care in Ukraine"
11. Order No. 976 of 12/27/2011 Vaginal delivery after caesarean section (C-section)
12. Order No. 977 of 12/27/2011 Clinical protocol for obstetric care "Caesarean section".
13. Order No. 423 dated 05/24/2013 "On approval of the procedure for providing complex medical care to a pregnant woman during an unwanted pregnancy, forms of primary accounting documentation and instructions for filling them out"
14. Order No. 955 dated 05.11.2013 "Procedure for emergency post-contact prevention of HIV infection among employees in the performance of professional duties".
15. Order No. 59 dated 21.01.2014 On the approval and implementation of medical and technological documents on the standardization of medical care for family planning.
16. Order No. 205 dated 03.24.14. Clinical protocol "Obstetric bleeding".
17. Order No. 236 of April 2, 2014 "On the approval and implementation of medical and technological documents on the standardization of medical care for dysplasia and cervical cancer."

18. Order No. 709 dated November 2, 2015 "Unified clinical protocol of primary and secondary (specialized) medical care "Iron deficiency anemia".
19. Order No. 319 dated 06.04.2016 "On the approval and implementation of medical and technological documents on the standardization of medical care for genital endometriosis"
20. Order No. 353 dated 04/13/2016 "On the approval and implementation of medical and technological documents on the standardization of medical care for abnormal uterine bleeding"
21. Order No. 869 dated 05.05.2021 "On approval of the unified clinical protocol of primary, secondary (specialized), tertiary (highly specialized) medical care "Endometrial hyperplasia"
22. Intra-abdominal bleeding in gynecology: a monograph / I. Z. Gladchuk, O. Ya. Nazarenko, R. O. Tkachenko. - Odesa. : ONMedU, 2021. – 112 p.
23. Family planning. Educational and methodological manual / N.G. Hoyda, O.V. Hryshchenko, V.P. Kvashenko, O.V. Kravchenko et al. / Kyiv, 2016. – 444 p.
24. Obstetric risks in uterine fibroids: age aspect / Zhelezov D.M., Saleh O.S // East European Science Journal 1(41) 2019. - P. 50-52.
25. Laparoscopic myomectomy in patients with reproductive intentions (literature review) / I.Z. Gladchuk, G.V. Shitova, N.A. Zarzhitska // Women's Health. - #2 (148) -2020. - pp. 75-85.
26. Medved V.I. Selected lectures on extragenital pathology of pregnant women. - K., 2010. - 239 p.
27. Diagnostics of obstetric and gynecological endocrine pathology: [educational manual for intern doctors and trainee doctors of institutions (fac.) post-diploma. of Education of the Ministry of Health of Ukraine] / edited by V.K. Likhachev; V.K. Likhachev, L.M. Dobrovolska, O.O. Taranovska and others; UMSA (Poltava). – Vinnytsia: E.V. Maksimenko Publisher, 2019. – 174 p.
28. Prevention of miscarriage by the use of folates in complex therapy / V.P. Mishchenko, I.V. Rudenko // The world of medicine and biology. - 2020. - No. 1(66).- P.70-73. (Web of Science Core Collection)
29. Pathogenetic rationale for correction of iron content in the blood of women at the stage of preconception preparation for pregnancy / Rudenko I.V., Mishchenko V.P., Holovatyuk-Yuzefpolska I.L., Lavrynenko G.L. // Collection of scientific works of the association of obstetricians-gynecologists of Ukraine. - 2020. - Issue 2(46). - P. 117-124.
30. Clinical assessment of the effectiveness of a comprehensive approach to the prevention of intrauterine infection in premature rupture of membranes and premature pregnancy / S. P. Posohova, K. O. Nitochko // Neonatology, surgery and perinatal medicine. – 2019. – Vol. 9, No. 1(31). - P.51 – 55.
31. Perinatal consequences of premature rupture of the amniotic membranes at 22-34 weeks of pregnancy / Posohova S.P., Nitochko K.O., Kucherenko O. // Perinatal medicine in Ukraine: problems, achievements, priorities: Materials of a scientific

and practical conference with international participation . – Chernivtsi: Medical University. – 2019. - P. 115 – 117.
32. Significance of cystatin C in preclinical diagnosis of preeclampsia in pregnant women / Marichereda V.G., Gladchuk I.Z., Berlinska L.I. // Actual issues of pediatrics, obstetrics and gynecology. 2019. - T2. - P. 133-137.
33. Comparative analysis of the course of the postoperative period after classical M.Stark and modified caesarean section / Gladchuk I.Z., Herman Yu.V., Grigurko D.O. // Odesa Medical Journal. 2019. No. 2 (176). - P. 20-23.
34. Peculiarities of dopplerometric indicators of the fetoplacental complex in women with a threat of premature birth against the background of the use of metabolic therapy / Gladchuk I.Z., Panchuk E.A. // Collection of scientific works of the association of obstetricians-gynecologists of Ukraine. – 2019. – No. 2 (44). - P. 31-34.
35. The influence of the method of treatment of uterine fibroids on the course of pregnancy / Zhelezov D.M., Saleh O.S. // Actual problems of transport medicine: environment; occupational health; pathology No. 1(55), 2019. - P. 124-129.
36. Rational delivery of women with uterine myoma in pelvic presentation of the fetus - decrease in maternal morbidity / Krupnyk O.M. // Neonatology, surgery and perinatal medicine. T IX, No. 1(31), 2019. - P. 42-46.
37. Clinical effects of using human immunoglobulin in women with Rhesus sensitization in the pregravid stage / Chernievskaya, SG, Rozhkovska, NM, Marichereda, VG, & Yermolenko, TO // Current issues of pediatrics, obstetrics and gynecology, 2019. - No. 2. - C. 126-132.
38. Features of myometrium remodeling after surgical interventions on the uterus / Zhelezov DM, Kossey TV // Journal of Education, Health and Sport. 2020; 10(2). - C. 204-211.

13. Electronic information resources

1. https :// www . cochrane _ org / - Cochrane / Cochrane Library
2. https://www.acog.org/ - American Association obstetricians and Gynecologists / The American College of Obstetricians and Gynecologists
3. https://www.uptodate.com – UpToDate
4. https://online.lexi.com/ - Wulters Kluwer Health
5. https://www.ncbi.nlm.nih.gov/ - National center biotechnological of information / National Center for Biotechnology Information
6. https://pubmed.ncbi.nlm.nih.gov/ - International medical library / National Library of Medicine
7. https://www.thelancet.com/ - The Lancet
8. https://www.rcog.org.uk/ - Korolevska Association obstetricians and gynecologists / Royal College of Obstetricians & Gynaecologists
9. https://www.npwh.org/ - Practitioners nurses with protection I 'm healthy women / Nurse practitioners in women's health

10. http://moz.gov.ua – Ministry of Health of Ukraine
11. www.ama-assn.org - American medical association / American Medical Association
12. www.who.int - World Health Organization
13. www.dec.gov.ua/mtd/home/ - State Expert Center of the Ministry of Health of Ukraine
14. http://bma.org.uk - British Medical Association
15. www.gmc-uk.org - General Medical Council (GMC)
16. www.bundesaerztekammer.de – German Medical Association
17. www.euro.who.int - European Regional Office of the World Health Organization