

ONMedU, Department of Obstetrics and Gynaecology. Seminar lesson 1. Family planning.
Basics of counselling.

**MINISTRY OF HEALTH OF UKRAINE
ODESA NATIONAL MEDICAL UNIVERSITY**

International faculty

Department of obstetrics and gynecology



Confirmed by
Vice-Rector for Scientific and Pedagogical Work
Eduard BURIACHKIVSKYI
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**METHODOLOGICAL RECOMMENDATIONS FOR THE PRACTICAL
CLASS IN ELECTIVE DISCIPLINE**

Faculty of Medicine, 4th course

Elective discipline "**Family planning. CONTRACEPTION**"

Practical lesson 1. Topic: "Family planning.
Fundamentals of counselling"

Methodological recommendations of practical class, EPP "Medicine", 4th course, International Faculty. Elective discipline: "Family planning. Contraception"

Approved:


Meeting of the Department of Obstetrics and Gynaecology
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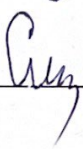
Head of department  (IHOR Gladchuk)

Developers:

Ph.D, Associate Professor of the

Department of Obstetrics and Gynaecology  Lavrynenko H.L.

Ph.D, Associate Professor of the

Department of Obstetrics and Gynaecology  Stepanovichus O.M.

Practical lesson No. 1

Topic: "Family planning. Basics of counselling"

Objective: To understand the benefits of counselling. To learn the main stages of counselling. To learn how to assess the patient and medical criteria for contraceptive method acceptability. To learn the classification of categories of contraceptive use depending on the woman's health status. Master the plan for examining a patient before choosing a contraceptive method. Master family planning counselling.

Basic concepts: Family planning counselling: directions, benefits. The process of counselling: stages (initial (primary) counselling, counselling on a specific contraceptive method, counselling on further use of the contraceptive method). Medical criteria for acceptability of contraceptive methods (WHO). Classification of categories of contraceptive method use depending on a woman's health status (WHO). Classification of categories of contraceptive methods use depending on a woman's health status (WHO). A necessary examination that is carried out in a planned manner before making a decision on the use of a particular contraceptive method.

Equipment: Professional algorithms, structural and logical diagrams, tables, models, videos, results of laboratory and instrumental studies, case studies, patients, medical histories.

I. Organisational measures (greetings, checking the attendees, announcing the topic, the purpose of the lesson, motivation to study the topic).

According to key international documents and regulations on reproductive health care, family planning is considered not only to be the main tool to preserve women's and men's health but also a fundamental human right. This right is established by International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995), which were approved by Ukraine and formed the basis of the legal framework for reproductive health.

The implementation of the concept of reproductive health care is a priority worldwide, significantly affecting the demographic situation in the country, reducing maternal and infant mortality, and complications of pregnancy and childbirth. Reproductive health care, including the provision of family planning services and relevant information, is not only considered to be the main means of preserving the health of women and men, but also belongs to the category of fundamental human rights.

Every year, half a million young women die from factors related to pregnancy or its termination. International experience shows that the use of modern contraceptive methods for prevention unplanned pregnancy leads to a

reduction in the frequency of induced and illegal abortions, which reduces maternal mortality by 25-50%. Counselling is an important condition for a patient to start and continue using a family planning method. Counselling on family planning should be part of every meeting with a patient.

Healthcare professionals at any level of care should be trained to provide counselling on all available contraceptive methods.

2. Control of the reference level of knowledge (written work, written testing, online testing, frontal survey, etc.).

Knowledge requirements:

- communication and clinical examination skills;
- ability to determine the list of necessary clinical, laboratory and instrumental tests and evaluate results;
- ability to provide family planning counselling.

List of didactic units:

- Family planning counselling: directions and benefits;
- counselling process: stages (initial (primary) counselling, counselling on a specific contraceptive method, counselling on further use of the contraceptive method);
- medical criteria for the acceptability of contraceptive methods (WHO);
- classification of categories of contraceptive use depending on a woman's health status (WHO);
- patient assessment;
- is a necessary examination that is carried out on a routine basis before making a decision on the use of a particular contraceptive method;

3. Questions (tests, tasks, clinical situations) to test basic knowledge on the topic of the lesson.

Typical situational tasks:

1. Patient N., 27 years old, married, 1 childbirth, 2 abortions, last menstruation a week ago. In childhood, she had measles, smallpox, and an ectopic pregnancy a year ago. She is going to take COC for the first time.

Task: What is the stage of counselling that a counsellor should perform?

Answer: Primary consultation.

2. During the primary consultation, the obstetrician-gynaecologist familiarized the patient with the types of contraception.

Objective: What issues should she consider when choosing a specific type of contraception for this patient?

Answer: The method of contraception should be chosen by the woman or the couple.

- Information is provided :
- about the chosen method;

- indications and contraindications;
- possible side effects;
- non-contraceptive properties;
- mechanism of action (briefly);
- when and how to start using the method;
- how to stop using the method;
- restoration of fertility.

3. A 24-year-old woman in labour is in the maternity hospital for two days after her first urgent delivery.

Task: What type of counselling should be conducted with her at this stage and what aspects should be discussed?

Answer: *Stage II is during the hospital stay after childbirth.* Postnatal counselling should be provided, which includes the following aspects:

- the beginning of sexual activity;
- the need to use contraceptive methods,
- information on acceptable methods of contraception,
- prevention of STIs;
- information for patients on the timing of visits to doctor

4. Patient M., 15 years old, came to the women's consultation to choose a contraceptive method. The girl has several sexual partners and has an irregular sexual life.

Anamnesis: menstruation since the age of 13, 4-5 days, cycle 28 days, regular, painless, moderate. The last menstruation was 10 days ago. There were no pregnancies. She has no somatic diseases, physical development corresponds to the age.

Objective: What is the most appropriate method of contraception for this patient?

Response: For adolescents who are sexually active and may have multiple sexual partners, the most appropriate method of contraception is the condom. It prevents pregnancy and protects against sexually transmitted infections (STIs), i.e. it provides double protection.

5. Patient S., 22 years old, married, visited the doctor. Six months ago she gave birth to a child.

One pregnancy, which ended 6 months ago with a full-term delivery without complications. The child is breastfed. Menstrual function is not restored. The woman wants to use contraception because she plans to have her next childbirth not earlier than in 5 years.

Task: What is the most appropriate method of contraception for this woman?

Response: The most acceptable method of contraception is the use of the PPOC or, with the exception (in some cases), the IUD.

Benefits of the recommended contraceptive method:

- physiological changes during the menstrual cycle are maintained;
- Unlike COC, they do not affect the composition of mother's milk or worsen its taste.

Typical test tasks:

1. 1. The purpose of counselling is to:
 - a. Demonstrate your high qualifications to the patient
 - b. Assist the patient in solving certain problems
 - c. Inform about severe side effects of contraceptives
 - d. Prescribe contraceptive methods
 - e. Reassure the woman that if she does become pregnant, it can be terminated

2. The following issues should be discussed during the counselling patients about contraceptive use
 - a. Mechanism of action
 - b. Time and frequency of use
 - c. Side effects
 - d. Fertility restoration period
 - e. All of the above

3. What are the WHO medical acceptance criteria for contraceptive methods?
 - a. Clinical protocol of family planning services
 - b. Order of the Ministry of Health of Ukraine
 - c. Tables to help you determine the appropriate method of contraception depending on health status
 - d. Decision of the WHO Assembly

4. 4. What does "patient assessment" mean?
 - a. The patient is not pregnant
 - b. No conditions requiring caution in the use of any method
 - c. There are no concomitant diseases that require additional examinations, treatment or regular medical supervision
 - d. All of the above

Correct answers: 1 - b; 2 - e; 3 - c; 4 - d.

4. 4. Discussion of theoretical issues.

Question:

- Benefits of family planning counselling.
- Types of counselling
- Stages of family planning counselling.
- Features of initial (primary) counselling.

- Specifics of counselling on a particular contraceptive method.
- Specifics of counselling on further use of contraceptive methods.
- Medical criteria for acceptable use of contraceptive methods (WHO).
- Conditions that affect the acceptability of using each individual contraceptive method.
- Classification of categories of contraceptive method use depending on a woman's health status (WHO).
- Assessment of a patient for family planning services.
- A necessary examination that is carried out as a matter of routine before making a decision on the use of a particular contraceptive method.

An interactive task:

We divide the students into 3 subgroups of 4-5 people each. We work in the offices of a women's clinic with gynaecological patients and give them tasks:

I subgroup - assessment of the patient

Subgroup II - counselling the patient on family planning and selection of contraceptive methods

The third subgroup assesses the correctness of the answers of the first and second subgroups and makes its own corrections.

Atypical situational tasks:

1. A patient K., 18 years old, unmarried, somatically healthy needs an reliable contraception.

Sexual irregular relations since the age of 15 - 2-4 times a month. No permanent sexual partner. There have been no pregnancies. The physical development is in line with her age. At the age of 6, she suffered from Botkin's disease. Weight - 59 kg, height - 165 cm. There is acne on the skin of the face (forehead and chin), slight hypertrichosis.

Objective: Which contraceptive method is most appropriate for this patient?

Response: The recommendation of monophasic COCs can be considered as a universal suggestion. The advantages of monophasic COCs are their high contraceptive efficacy and therapeutic properties in various hormone-dependent diseases (endometrial hyperplasia, endometriosis, dyshormonal breast diseases, etc.). For example: "Janine, Novinet, Belara in cyclic mode.

It is a reliable method of contraception, but it does not protect against STIs or HIV.

2. A married patient, S., 38 years old, came to the Family Planning Centre with a request to choose the most appropriate contraceptive method for her. She has only one male sexual partner. She gave birth twice by caesarean section, the last delivery ended in an emergency caesarean section due to premature detachment of a normally located placenta and uterine bleeding. The woman was treated for acute viral hepatitis B 7 years ago.

Objective: What is the most reliable and acceptable method of contraception to offer a woman?

Answer: The most reliable and acceptable method of contraception for this patient is voluntary surgical sterilisation (VSS) due to her history of surgery and hepatitis B virus.

3. Woman K., 35 years old, unmarried, often goes on long business trips. She has a permanent sexual partner at home, although she occasionally had relationships with other men. During the examination, she was found to have a small uterine leiomyoma, and complains of PMS.

Objectives: 1. determine which method of contraception is most appropriate in this case.

2. What kind of examination should woman have?

Answer:

1. IUD with levonorgestrel and, if necessary, a condom.
2. Conduct an STI test.

4. A woman, 26 years old, came to the antenatal clinic to have an intrauterine device inserted. The patient has not given birth and is planning a pregnancy in a few years.

Objective: Is it appropriate to use an intrauterine device for contraception in this case?

Answer: Women who have not given birth and are planning to give birth are not recommended to use the IUD. They should choose other methods of contraception.

Atypical test tasks:

1. The condom as a method of contraception is suitable for all of the following categories of people, EXCEPT FOR?

- a. couples who wish to use a method that does not involve sexual intercourse
- b. Men who want to take care of contraception
- c. couples who rarely have sexual intercourse
- d. couples who are not suitable for other methods of contraception
- e. Sexual partners with a high risk of STDs

2. A woman comes to the doctor's office to select a contraceptive method. The postpartum period is 7 months. She is breastfeeding. She has been menstruating for 2 months. Which contraceptive method should NOT be used in this case?

- a. Intrauterine device.
- b. Progesterone contraceptive pills.
- c. Progesterone injectable contraceptives.
- d. Condoms.
- e. The method of lactational amenorrhoea.

3. A woman who has been operated on for breast cancer 6 months ago has come to the doctor to select a contraceptive method. Which contraceptive method should NOT be used in this case?

- a. Combined oral contraceptives.
- b. Copper IUD.
- c. Surgical sterilisation.
- d. Condoms.
- e. Spermicides

4. A 42-year-old woman with three children comes to see a doctor. She and her husband do not plan to have any more children. She smokes and has varicose veins of the lower extremities. What method of contraception should NOT be used in this case?

- a. Intrauterine device.
- b. Progesterone contraceptive pills.
- c. Condoms.
- d. Combined oral contraceptives.
- e. Spermicides

The correct answers are: 1 - a, 2 - f, 3 - a, 4 -d

Atypical situational tasks:

1. Patient Y., 18 years old, complained of heavy menstruation, weakness, and fatigue.

Sexual life is regular, since the age of 16. The sexual partner is permanent. Four months ago, she underwent a medical termination of pregnancy at 6-7 weeks without complications after which her menstruation became heavy. Over the past month, the patient began to feel weak and fatigued. Complete blood count: Hb - 90 g/l.

Task: What method of contraception should be offered to the girl? What regimen of COC can be offered to the girl?

Response: It is recommended to use COC, which contains the progestin dehydrogesterol, which suppresses endometrial proliferation.

It is possible to use COCs in a continuous prolonged regimen according to the 42-63-84-126 (days) + 7 days regimen to restore the blood Hb level and the patient's general condition.

2. A 25-year-old woman, who has been using COC for the past 3 months for contraception, came to the antenatal clinic. Her main complaint is that she often forgets to take her daily pill. **Task:** What is the doctor's advice in this case?

Response: The patient should be prescribed other hormonal contraceptives, such as a vaginal ring or hormonal patch, or barrier methods should be recommended.

3. Patient G., 26 years old, married, came to the gynaecologist for consultation. The last menstruation was 2 weeks ago. She has one three-year-old child. Childbirth was without pathology. The couple uses condoms for contraception. The previous evening during sexual intercourse the condom was damaged. Pregnancy was not planned for family reasons.

Task: What should the doctor do?

Response: The doctor should inform the patient about the possibility of using emergency contraception, which is based on the principle of using different types of contraception (IUD, PPOC, IUD, etc.) in the first hours after unprotected intercourse to prevent unwanted pregnancy, and indicate the advantages and complications of each of them.

For emergency contraception, progestin pills containing levonorgestrel can be used: Postinor within the first 72 hours after unprotected intercourse, Escapel within 96 hours, and IUDs within the first five days.

Considering the period after unprotected intercourse:

– ≤ 72 h – hormonal contraception is recommended according to prescribed regimens, discuss possible side effects and follow-up if menstruation has not started after 3 weeks; IUD insertion.

Test tasks KROK-2:

- (2019)** A 32-year-old woman visited an antenatal clinic with complaints of chronic pelvic pain that worsens during menstruation, dyspareunia, and bleeding before and after menstruation. The last menstrual period was 3 weeks later. Examination in the mirrors: 2 cysts 3 and 5 mm in diameter of blue-purple colour on the cervix, from which dark brown fluid is discharged. Bimanual examination: spherical uterine body, enlarged to 6 weeks of gestation, painful to palpate. Appendages on both sides are unremarkable. The doctor has been informed that the birth of a child is not planned in the near future. What is the most appropriate treatment strategy for this patient?
 - Controlled ovarian hyperstimulation
 - Prescribing combined oral **contraceptives***.
 - The purpose of androgens
 - Surgical intervention
 - Prescription of gonadotropin-releasing hormone antagonists
- (2008)** A 26-year-old woman who gave birth 7 months ago has been experiencing nausea, vomiting in the morning, and drowsiness for the past two weeks. She is breastfeeding and has not had any menstruation. She has not been warned against pregnancy. Which method should be used to clarify the diagnosis?
 - Ultrasound **examination***.
 - Ro-radiography of the pelvic organs
 - Palpation of the mammary glands and squeezing out milk
 - Two-handed vaginal examination
 - Research with mirrors

5. Topics of reports / abstracts:

- Counselling on FP and contraceptive methods: types, benefits, counselling process, stages of counselling.

2. Medical criteria for acceptable use of contraceptive methods (WHO).
3. Regulatory and legal support for family planning.
4. Psychological barriers in counselling.

A necessary examination that is carried out as a matter of routine before making a decision in favour of a particular contraceptive method.

View	C O C	P F E C	P I C	I U D	C o n d o m s	c e r v i c e l l c a p s	Con trac epti ves for topi cal use	Fem ale steri lisat ion	Vasectomy
Examination of the mammary glands	C	C	C	C	C	C	C	C	Not carried out
Pelvic/genital examination	C	C	C	A	C	A	C	A	A
Screening for cervical pathology	C	C	C	C	C	C	C	C	Not carried out
Standard laboratory examination	C	C	C	C	C	C	C	C	C
Determining the level of haemoglobin in the blood	C	C	C	B	C	C	C	B	C
STI risk assessment: history taking and general examination	C	C	C	A*	C*	C**	C**	C**	C
Screening for STIs/HIV: laboratory testing	C	C	C	B*	C*	C**	C**	C**	C
Blood pressure measurement	***	***	***	C	C	C	C	A	C****

Class "A" - this examination/analysis is recommended in all cases and is a guarantee of the safety and effectiveness of using a particular contraceptive method.

Class "B" - this examination/analysis significantly ensures the safety and effectiveness of a particular contraceptive method.

Class "C" - this test or analysis does not provide any significant guarantee of the safety and effectiveness of a particular contraceptive method.

* If a woman is at high risk of gonorrhoea or chlamydia infection, then IUD insertion is not recommended, except in circumstances where alternative contraceptive methods are not possible or acceptable for one reason or another.

** Women at high risk of HIV infection should not use spermicides containing nonoxynol-9.

*** Before starting to use COC, CPP, PIC it is recommended to measure blood pressure.

**** Procedures performed with local anaesthesia.

CLASSIFICATION OF CATEGORIES OF CONTRACEPTIVE METHODS USE DEPENDING ON THE WOMAN'S HEALTH STATUS (WHO, 2009)

According to this classification, different contraceptive methods are evaluated in terms of the ratio of health risks to benefits of their use in the presence of certain conditions.

The concept of "**condition**" is defined as a reflection of a woman's **individual characteristics** (e.g. age or reproductive history) and established **somatic diseases**.

Conditions that affect the acceptability of each contraceptive method fall into one of the categories:

Categories.

1 - a condition in which there are no contraindications to using this method of contraception;

2 - a state in which the expected benefits of using this method of contraception generally outweigh the proven or theoretical risks;

3 - a condition in which the proven or theoretical risks generally exceed the expected benefits of using this method of contraception;

4 - a condition in which the use of this method of contraception is absolutely contraindicated.

Using the category scale in practice

Category.	The clinical examination was carried out in full	It is not possible to conduct a full clinical examination
1	The method can be used under any	Yes (the method is

	circumstances	allowed to be used)
2	In most cases, there are no contraindications to using the method	Yes (the method is allowed to be used)
3	The use of the method is generally discouraged unless a more appropriate method of contraception is available or the use of the method is unacceptable to the patient	No (not recommended)
4	The use of the method is absolutely contraindicated	No (not recommended)

The meanings of categories "1" and "4" are self-explanatory.

Category "2" means that this method of contraception is allowed to be used, but careful medical supervision is required.

Category 3 means that the method is not recommended unless more appropriate contraception is not available or is unacceptable to the patient. The method should be recommended only after a thorough clinical assessment, taking into account the severity of the condition and the acceptability of alternative contraceptive methods and provided that access to appropriate health services is available. The patient's health status should be under special control of the doctor.

If a woman's condition cannot be examined to the appropriate extent, classification of her condition as category 3 means that the use of this method of contraception is unacceptable for this woman.

A summary table for recommending a specific contraceptive method in accordance with the 4 categories taking into account individual characteristics and health status is provided in the Appendix.

Assistance in choosing a specific method for categories 1 and 2 (according to the WHO classification) can be provided by obstetricians and gynaecologists, family doctors, and paramedics. For categories 3 and 4, who require a specialised approach and additional examination, assistance is provided jointly by obstetricians and gynaecologists with family doctors or specialists.

4. Summing up the results (criteria for assessing learning outcomes).

Current control: oral questioning, assessment of communication skills during a role-play, solving situational clinical tasks, assessment of activity in the classroom.

Final control: credit.

Assessment of current learning activities in a practical class:

1. Assessment of theoretical knowledge on the topic of the class:
 - Methods: questionnaire, case study, solving the clinical problem

- maximum grade - 5, minimum grade - 3, unsatisfactory grade - 2.
2. Evaluation of work with patients on the topic of the lesson:
- Methods: assessment of: a) communication skills with the patient b) correctness of prescription and assessment of laboratory and instrumental tests before using contraceptives c) ability to provide family planning counselling.
 - maximum grade - 5, minimum grade - 3, unsatisfactory grade - 2.
 - The grade for one practical lesson is the arithmetic mean of all components and can only have an integer value (5, 4, 3, 2), which is rounded according to the statistical method.

Criteria for ongoing assessment in the practical class

Assessment	Evaluation criteria
"5"	The applicant is fluent in the material, actively participates in the discussion and solution of a situational clinical problem, confidently demonstrates the skills of conducting family planning counselling and the correct prescription of laboratory and instrumental studies before using a contraceptive, expresses his/her opinion on the topic of the class, demonstrates clinical thinking.
"4"	The applicant has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates skills in family planning counselling and the correct prescription of laboratory and instrumental tests before using a contraceptive with some errors, expresses his/her opinion on the topic of the class, demonstrates clinical thinking.
"3"	The applicant has insufficient knowledge of the material, is not confident in discussing and solving a situational clinical problem, demonstrates skills in conducting family planning counselling and the correct prescription of laboratory and instrumental tests before using a contraceptive with significant errors.
"2"	The applicant does not know the material, does not participate in the discussion and solution of a situational clinical problem, does not demonstrate the skills of conducting family planning counselling and the correct prescription of laboratory and instrumental studies before using a contraceptive.

5. List of recommended references.

Basic:

1. Obstetrics and Gynaecology: in 2 books. - Book 2. Gynaecology: textbook (for universities of III-IV years of study) / edited by V.I. Hryshchenko, M.O. Shcherbyna - 3rd ed.

2. Clinical Obstetrics and Gynaecology: 4th Edition / Brian A. Magowan, Philip Owen, Andrew Thomson. 2021. 454 p.
3. Medical eligibility criteria for the use of contraceptive methods: 5th edition. Guidelines.-Geneva: World Health Organisation; 2015.
4. Family planning and contraception: a textbook / V.I. Boyko, N.V. Kalashnyk, A.V. Boyko and others; edited by Doctor of Medical Sciences, Professor V.I. Boyko - Sumy: Sumy State University, 2018. 223 p.
5. Oats, Jeremy Fundamentals of Obstetrics and Gynaecology [Text]: Liewellyn-Jones Fundamentals of Obstetrics and Gynaecology / J.Oats, S.Abraham. - 10th ed. - Edinburgh [etc.]: Elsevier, 2017. - VII, 375 p.
6. Dutta, Durlav Chandra. D. C. Dutta's Textbook of Gynaecology including Contraception / D.C. Dutta; ed/ Hiralal Konar. - 7th .ed. - New Delhi: Jaypee Brothers Medical Publishers, 2016. - XX, 574 p.

Additional:

1. Gynaecology: a guide for doctors: Nova Knyha, 2018. 688 p.
2. Family Planning: A Universal Guide for Family Planning Providers. Updated 3rd edition 2018. Copenhagen: WHO Regional Office for Europe; 2021
3. Situational tasks in gynaecology: a textbook. / I.Z.Gladchuk, A.G.Volyanska, G.B.Shcherbyna and others; edited by prof. I.Z.Gladchuk - Vinnytsia: Nilan Ltd. 2018. 164 p.
4. Lopez LM, Grimes DA, Schulz KF. Steroidal contraceptives: effect on carbohydrate metabolism in women without diabetes mellitus. Cochrane Database Syst Rev. 2019 Nov 12;2019(11).
5. Plu-Bureau G, Sabbagh E, Hugon-Rodin J. Hormonal contraception and vascular risk: CNGOF Contraception Guidelines. Gynecol Obstet Fertil Senol. 2018 Dec;46(12):823-833.
6. Diagnosis of obstetric and gynaecological endocrine pathology: [a textbook for interns and doctors attending postgraduate medical schools of the Ministry of Health of Ukraine] / edited by V.K. Likhachev; V.K. Likhachev, L.M. Dobrovolska, O.O. Taranovska, et al: Maksymenko E.V. Publisher, 2019. 174 p.
7. Zaporozhan V.M. Simulation medicine. Experience. Achievements. Prospects: practical guide / V.M. Zaporozhan, O.O. Tarabrin - Sumy: University. Book, 2018. 240 p.
8. Infertility and benign diseases of the breast / NAMS of Ukraine, Ministry of Health of Ukraine, Institute of Paediatrics, Obstetrics and Gynaecology, UMSA; edited by A.G. Kornatska, T.F. Tatarchuk, O.D. Dubenko - K.; Poltava, 2017. - 271 p.
9. Reproductive function in women with uterine fibroids and endometriosis / N.M. Rozhkovska, D.M. Zhelezov, T.V. Kossey // Zdorovyie zhyttia - 2018. - №2. - C.5-7.
10. Ovarian reserve in the surgical treatment of ovarian endometriomas / A.G. Volyanska, L.M. Popova, T.P. Todorova, O.P. Rogachevsky, O.I. Shevchenko

// All-Ukrainian scientific and practical conference with international participation "Innovative technologies in obstetrics and gynaecology: from science to practice" - Ivano-Frankivsk, 2019 - P. 12-13.

11. Influence of surgical energies on ovarian reserve during endoscopic treatment of ovarian endometriosis / T.P. Todorova // Scientific and practical conference with international participation dedicated to the 150th anniversary of V.V. Voronov "Modern theoretical and practical aspects of clinical medicine" - Odesa, 2020 - p.118.
12. The current "Clinical Protocols" approved by the order of the Ministry of Health of Ukraine on obstetrics and gynaecology.

Online sources for preparation:

1. <https://www.cochrane.org/>
2. <https://www.ebcog.org/>
3. <https://www.acog.org/>
4. <https://www.uptodate.com>
5. <https://online.lexi.com/>
6. <https://www.ncbi.nlm.nih.gov/>
7. <https://pubmed.ncbi.nlm.nih.gov/>
8. <https://www.thelancet.com/>
9. <https://www.rcog.org.uk/>
10. <https://www.npwh.org/>