

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

Faculty of international

Department of Obstetrics and Gynecology



I APPROVE

Vice-rector for scientific and pedagogical work

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**METHODOLOGICAL DEVELOPMENT TO THE PRACTICAL LESSONS
FROM MEDICAL PRACTICE**

Faculty of international , 4th year

Educational discipline " **Obstetrics and gynecology** "

Practical lesson №2. Topic: " Counseling on family planning and choosing a
contraceptive method "


Approved:

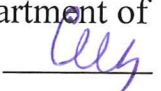
Meeting of the Department of Obstetrics and Gynecology
Odessa National Medical University

Protocol No. 1 dated August 28 , 2023 .

Head of the department _____  (Ihor GLADCHUK)

Developer :

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Practice session №2

Topic: " Counseling on issues of family planning and selection of a method of contraception ".

Purpose: In the conditions of a medical institution, on the basis of anamnestic data, a general examination and a gynecological examination of a woman, using knowledge about the reproductive organs of a woman, observing the relevant ethical and legal norms, by making a reasoned decision, using a standard procedure: to evaluate the patient and the medical criteria for the acceptability of the method contraception; determine the patient's examination plan before choosing a contraceptive method; conduct counseling on family planning issues; select a modern method of contraception for different categories of the population.

Basic concepts: Patient examination plan before choosing a contraceptive method. Evaluation of the patient and the medical criteria for the acceptance of the contraceptive method.

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

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

According to key international documents and provisions on the protection of reproductive health of the population, family planning is considered the main means of preserving the health of women and men, and also belongs to the category of fundamental human rights. This right is enshrined in the materials of the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on the Status of Women (Beijing, 1995), which were approved by Ukraine and formed the basis of the normative legal framework for the preservation of reproductive health 'I.

Implementation of the concept of reproductive health protection is a priority throughout the world, significantly affects the demographic situation in the country, reducing the level of maternal and child mortality, complications of pregnancy and childbirth. Protection of reproductive health, in particular the provision of family planning services and relevant information, is not only considered the main means of preserving the health of women and men, but also belongs to the category of fundamental human rights.

In the world, half a million young women die every year from factors related to pregnancy or its termination. World experience shows that the use of modern methods of contraception, as a means of preventing unplanned pregnancy, leads to a decrease in the frequency of artificial and illegal abortions, which allows to reduce maternal mortality by 25-50%. Counseling is an important condition for the initiation and continuation of the patient's use of the family planning method. Family planning counseling should be part of every patient appointment.

Medical professionals at any level of care must be trained to provide counseling on all available contraceptive methods.

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

Knowledge requirements:

- Ability to collect medical information about the patient and analyze clinical data.
- Ability to determine the necessary list of laboratory and instrumental studies and evaluate their results.
- Ability to perform medical manipulations.

List of didactic units:

- Patient examination plan before choosing a contraceptive method .
- Evaluation of the patient and the medical criteria for the acceptance of the contraceptive method.

Questions (test tasks, tasks, clinical situations) to check basic knowledge on the topic of the seminar .

Typical situational tasks:

1. Patient Z. turned to the doctor of the women's consultation regarding the selection of an effective method of contraception. The woman is 35 years old, with a history of 1 childbirth, 2 induced abortions. A woman wants to use COC. From the anamnesis, it was found that she suffers from hypertension and had symptoms of preeclampsia during pregnancy.

Task: Is it possible to recommend COC to a woman ?

Answer: It is not possible.

2. Patient L. turned to the gynecologist of the student outpatient clinic regarding the selection of a contraceptive method. The girl is 18 years old, lives with her mother, meets with a peer. He believes that sexual relations between them are possible in the near future. Somatically and gynecologically, the girl is healthy.

Task: What methods of contraception should be recommended to her ?

Answer: Barriers.

Typical test tasks:

1. What examinations must be carried out before starting to use VMC ?
 - a. Standard laboratory tests
 - b. Blood pressure measurement
 - c. Examination of pelvic genital organs
 - d. Ultrasound of abdominal organs
 - e. MRI of the brain
2. Which women can use COCs ?
 - a. Women after abortion
 - b. Women with a history of stroke

- c. Women with BP 140/90 and >
- d. Women over 35 who smoke
- e. Women who have breast cancer now or in the past

3. The advantages of the MVA method are:

- a. Can be used if the child is 6 months or older
- b. Special medical supervision is necessary
- c. No side effects
- d. Can be used by women who are not exclusively breastfeeding
- e. Can be used after the return of menstruation

Correct answers: 1 - s; 2 – a; 3 - p.

Discussion of theoretical issues.

Question:

- Stages of counseling on family planning.
- Peculiarities of initial (primary) counseling.
- Peculiarities of counseling on a specific method of contraception.
- Peculiarities of counseling on the further use of the contraceptive method.
- Psychological barriers in counseling and their prevention.
- Periods of life with the risk of unplanned pregnancy.
- Evaluation of the patient for providing her with family planning services.
- 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.
- Choosing a modern method of contraception according to the periods of a woman's life.

Interactive task:

Students of higher education are divided into 3 subgroups. We work in women's consultation rooms with a thematic patient, we give tasks:

Tasks for subgroups

And a subgroup. Collect obstetric and gynecological and somatic anamnesis, determine the presence of contraindications to the use of this or that method of contraception.

II subgroup. Conduct counseling on family planning and choosing a contraceptive method.

III subgroup. Make a plan for examining a woman before making a decision in favor of one or another method of contraception.

3. Formation of professional abilities and skills (mastery of skills, curation, determination of treatment regimen, laboratory research, etc.)

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

Unusual situational tasks:

1. A woman in labor, V., who gave birth 25 days ago and wants to start having sex, turned to the doctor of the women's consultation. She gave birth to the second at

35 weeks of gestation, premature, breastfeeding began 5 days after the birth of the child. Notices the insufficient amount of milk, replaces breastfeeding with milk mixture twice a day. On the recommendation of the doctor of the maternity hospital, MLA is used. After the first pregnancy, she used the COC, is satisfied and wants to continue using this method of contraception. The doctor advised the patient to refrain from starting sexual life until the end of the postpartum period and to start using COCs 6 weeks after giving birth.

Tasks: 1. Evaluate the correctness of the recommendation of the doctors of the maternity hospital and women's consultation.
2. Determine the effectiveness of MLA in this case and the time to start using COCs after childbirth.

Answer:

1. The MLA method cannot be recommended, since breastfeeding is not the main method of feeding a child.
2. According to the WHO criteria, in the period from 6 weeks to 6 months after childbirth, the risk of using COCs exceeds the benefits (category 3), so COCs are not recommended. After 6 months postpartum, the benefits of using COCs outweigh the overall risk (category 2).

2 . Student K., 20 years old, unmarried, turned to women's counseling. From the anamnesis, it was established that she has a pathology of the thyroid gland. The girl needs reliable, long-term contraception.

Tasks: 1. Determine the scope of the necessary additional examination.
2. What methods can be recommended to the patient ?

Answer:

1. Determine the TSH level.
2. Conduct counseling on methods acceptable under category 1: (COC, contraceptive patch, vaginal ring, DMPA, VMC).

Non-typical tests for performance :

1. Patient Zh., 39 years old, consulted a doctor with the aim of choosing an effective method of contraception. The patient smokes, does not drink alcohol. In the history of 2 childbirths, 1 abortion. No more pregnancies are planned.

What contraceptive SHOULD THE DOCTOR NOT recommend to the patient ?

- a. Spermicides
- b. VMC with Cu
- c. COOK
- d. Condoms
- e. Surgical sterilization

2 . Patient Ya., 22 years old, had no pregnancies or deliveries. The menstrual cycle is regular. He does not suffer from extragenital pathology. Does not smoke. Blood pressure 110/70 mmHg. A gynecological examination revealed a membrane in the vagina.

What method of contraception SHOULD NOT BE recommended ?

- a. COOK
- b. road accident
- c. Spermicides
- d. Injectable hormonal contraceptives
- e. Fertility recognition method .

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

An examination is necessary, which is carried out in a planned manner before making a decision in favor of one or another method of contraception.

Kind	C O O K	T N C	P E A K	V M C	C o n d o m s	C e r v i c a l c a p s	C o n t r a c e p t i v e s f o r l o c a l u s e	F e m a l e s t e r i l i z a t i o n	Vasec tomy
Examination of mammary glands	WIT H	WI TH	WI TH	WIT H	WI TH	WIT H	WITH	WIT H	Not held
Examination of the pelvic/genital organs	WIT H	WI TH	WI TH	AN D	WI TH	AN D	WITH	AN D	AND
Cervical pathology screening	WIT H	WI TH	WI TH	WIT H	WI TH	WIT H	WITH	WIT H	Not held

Standard laboratory examination	WIT H	WI TH	WI TH	WIT H	WI TH	WIT H	WITH	WIT H	WITH
Determination of the level of hemoglobin in the blood	WIT H	WI TH	WI TH	IN	WI TH	WIT H	WITH	IN	WITH
STD risk assessment: history taking and general examination	WIT H	WI TH	WI TH	AN D*	WI TH *	WIT H**	WITH **	WIT H**	WITH
Screening for STIs/HIV: laboratory examination	WIT H	WI TH	WI TH	IN*	WI TH *	WIT H**	WITH **	WIT H**	WITH
Measurement of blood pressure	***	***	***	WIT H	WI TH	WIT H	WITH	AN D	WITH*** *

Class "A" - conducting this examination/analysis is recommended in all cases and is a guarantee of safety and effectiveness of using a specific method of contraception.

Class "B" - conducting this examination/analysis largely ensures the safety and effectiveness of using a specific method of contraception.

Class "C" - conducting this examination or analysis does not provide any significant guarantee of safety and effectiveness of a specific method of contraception.

* If a woman is at high risk of infection with gonorrheal or chlamydial infection, in this case, the introduction of the IUD is not recommended, except in circumstances where it is impossible or unacceptable to use alternative methods of contraception for one reason or another.

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

*** Blood pressure measurement is recommended before starting the use of COC, TKP, IKP.

**** Procedures performed using local anesthesia.

Family planning for different categories of the population and according to life periods

Provisions of the protocol	Justification	Necessary actions
<p>5.1. Methods of contraception for teenagers and young people.</p>	<p>Teenage pregnancy is always unplanned. First of all, teenage pregnancy carries a higher health risk, the younger they are (it is especially significant for 13-16-year-olds). According to WHO recommendations, "...adolescents should have great freedom in choosing contraceptive methods. Age is not a basis for restricting access to one or another method of contraception." Therefore, adolescents who have sexual relations should have freedom of choice when using contraceptive methods. All types of contraception are safe for teenagers and young adults. ("Medical criteria for the acceptability of the use of contraceptive methods", 4th edition, 2009).</p>	<p><u>Mandatory:</u> Conduct counseling on healthy lifestyle, sex education, prevention of unplanned pregnancy and STDs. Start counseling about contraceptive methods with a conversation about the most reliable method of avoiding pregnancy - the absence of sexual contact. 3. Offer methods of contraception: Condom: protects against STIs/HIV; use is simple and without a visit to the doctor; has no side effects. COC: for young women who have a regular sex life and a permanent sexual partner; does not protect against STIs/HIV. Double method (simultaneous use of COCs with a condom). VMC: do not offer to teenagers and young women who have not given birth and do not have one sexual partner; does not protect against STIs/HIV. Fertility recognition methods: can be offered to disciplined girls with a regular menstrual cycle who are highly motivated to use this method and have one partner; does not protect against STIs/HIV. Emergency contraception: high efficiency; cannot be used as regular contraception, only for episodic use with irregular sexual life; does not protect against STIs/HIV.</p>

<p>5.2. Methods of contraception for women in the postpartum period</p>	<p>The key issues of postpartum contraception are the beginning of the period of prevention of unplanned pregnancy and the effect of the method of contraception on lactation. According to research data, menstruation resumes up to 6 months after childbirth in 11.1-39.4% of cases, and the contraceptive effectiveness of MLA ranges from 93.5 to 100%. Contraceptives of the progestogen series do not affect the quality and quantity of breast milk and the health of the child. 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, and in the first 3 weeks after childbirth COCs increase the risk of thrombosis. VMC are contraindicated for women with complicated childbirth (bleeding, anemia, infections); VMC and DHS do not affect the quantity and quality of breast milk (WHO 2012).</p>	<p>Mandatory:</p> <ol style="list-style-type: none"> 1. To provide counseling on the peculiarities of the course of the postpartum period and the use of family planning methods. 2. Offer methods of contraception: <p>Method of lactational amenorrhea (MLA): breastfeeding immediately after childbirth and up to 6 months exclusive breastfeeding (at least 8-10 times a day) in the absence of menstruation (amenorrhea); high efficiency and significant benefits for the health of both the mother and the child.</p> <p>Contraceptives of the progestogen series: to women who use MLA only 6 months after childbirth; women who are not breastfeeding can be used immediately, provided there is no pregnancy; to women who breastfeed, but alternate with complementary foods - 6 weeks after childbirth.</p> <p>Intrauterine contraceptives: post-placental or within 48 hours after childbirth or caesarean section, which occurred without complications; in the postpartum period only after 4 weeks, if not administered postplacentally.</p> <p>Combined oral contraceptives (COC): not recommended for women who are breastfeeding in the first 6 months after childbirth; if the woman is not breastfeeding, the COC can be used 3 weeks after childbirth.</p> <p>Voluntary surgical sterilization (VSS): immediately after delivery, during cesarean section</p>
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		<p>or within 7 days after delivery; if sterilization is not carried out after 7 days, carry out only 6 weeks after childbirth.</p> <p>Barrier methods: from the time sexual activity resumes (cervical caps - 6 weeks after childbirth).</p> <p>Methods of recognizing fertility: it is not recommended to start using it before the restoration of regular menstruation.</p>
<p>5.3. Methods of contraception for women after abortion</p>	<p>Post-abortion family planning services:</p> <ul style="list-style-type: none"> - counseling about the need to use contraception and about all available methods of contraception, their characteristics, effectiveness and side effects; - making it possible to make an informed choice of contraceptive methods; - providing information about the need to protect against STIs. <p>Family planning services for a post-abortion woman should be started immediately, as she may ovulate as early as the 11th day after the abortion and usually occurs before her first period.</p> <p>The ability to conceive is restored very quickly - within 2 weeks after an artificial or spontaneous abortion that took place in the 1st trimester of pregnancy, and within 4 weeks after an artificial or spontaneous abortion that</p>	<p>Mandatory:</p> <p>Conduct counseling on the features of the post-abortion period and the use of family planning methods.</p> <p>Uncomplicated abortion:</p> <ul style="list-style-type: none"> - after an abortion up to 12 weeks, it is not necessary to postpone the use of contraceptive methods. - after an abortion after 12 weeks, barrier methods (cervical caps), surgical sterilization and IUD insertion can be recommended after 4-6 weeks. <p><u>Uncomplicated abortion:</u></p> <p><i>Hormonal drugs:</i> the first COC or TKP pill is given immediately on the day of surgery; hormonal patch, vaginal ring can be started to be used immediately after the abortion.</p> <p><i>Injectable drugs:</i> can be administered immediately after the abortion or within 7 days after the operation.</p> <p><i>IUDs</i> (containing copper) or <i>IUDs</i> (with levonorgestrel):</p>

	<p>took place in the second trimester of pregnancy. After an uncomplicated abortion in the first trimester, all methods of contraception are suitable.</p>	<p>immediately after the abortion or within 7 days (for IUDs with levonorgestrel) and 12 days (for IUDs containing copper), provided there are no symptoms of infection.</p> <p>Barrier methods (condoms, spermicides):</p> <p>since the resumption of sexual activity.</p> <p><i>Fertility recognition methods:</i></p> <p>only after the restoration of a regular menstrual cycle.</p> <p><u>Complicated abortion:</u></p> <p>you can use hormonal oral contraceptives, injection methods, condoms;</p> <p>IUD and sterilization should be postponed until the complication is resolved.</p> <p><u>Medical abortion:</u></p> <p>you can start using hormonal contraception already after taking the first pill according to the medical abortion scheme;</p> <p>complete termination of the abortion should be confirmed before the introduction of an intrauterine contraceptive or sterilization.</p>
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<p>5.4. Methods of contraception for women approaching menopause.</p>	<p>According to the statistics of the countries of Western Europe, 50% of women aged 44 and 30% of 45-50-year-olds are sexually active, have a preserved menstrual cycle, are able to conceive and need contraception (WHO, 2009) . Abortions in these women are characterized by a 3-fold increase in the frequency of complications compared to women of reproductive age, frequent exacerbation of gynecological and extragenital pathology. Therefore, the purpose of contraception in women after 40 is not only to prevent unplanned pregnancy, but also to preserve health. In perimenopause, in contrast to reproductive age, smoking is an absolute contraindication to the use of COCs. The use of COCs, combined patches and vaginal rings is contraindicated in women over 35 years of age with migraine pain (regardless of whether such pain is accompanied by migraine aura).</p>	<p>Mandatory:</p> <ol style="list-style-type: none"> 1. Conduct counseling on the peculiarities of the "transitional" period and the use of family planning methods. 2. Choosing a contraceptive method taking into account the woman's state of health after a medical examination. 3. Counseling on ending the use of contraceptives (if a woman has had no menstrual bleeding for 12 consecutive months). <p>Combined hormonal contraceptives:</p> <ul style="list-style-type: none"> • in accordance with WHO recommendations, it is advisable to offer combined micro- and low-dose COCs of the latest generation. <p>Contraceptives of the progestogen series:</p> <ul style="list-style-type: none"> • for women for whom the use of contraceptives containing estrogens is contraindicated; • do not offer DMP (depot medroxyprogesterone) to women who belong to the risk group of osteoporosis or have its manifestations. <p>Barrier methods and spermicides:</p> <ul style="list-style-type: none"> • effective methods of contraception for older women. <p>VMC:</p> <ul style="list-style-type: none"> • prefer the hormonal intrauterine device, which has a protective and therapeutic effect .
<p>5.5. Methods of contraception for men.</p>	<p>Participation men in process planning seven ' and implies : responsibility in acceptance __ decision</p>	<p>Mandatory:</p> <ol style="list-style-type: none"> 1. Conduct counseling on the advantages and disadvantages of contraception in men. <p>Barrier methods:</p>

	<p>about method planning seven ' and " with purpose preservation I 'm healthy women and his own own ; software safe sexual behavior ; __ readiness use parallel ~ method contraception " for more guaranteed prevention unplanned ~ pregnancy and STI (double Dutch method) _ _ _ _</p> <p>Male contraception is of particular importance in those cases when a woman cannot or is not ready to use contraceptives due to the existing situation, or according to the state of health. (WHO 2011)</p>	<ul style="list-style-type: none"> • the condom can be treated with spermicide for additional protection. <p>Surgical:</p> <ul style="list-style-type: none"> • vasectomy - male surgical sterilization. The contraceptive effect is achieved by blocking the vas deferens. <p>Behavioral:</p> <ul style="list-style-type: none"> • abstinence from sexual intercourse.
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Requirements for work results, including to registration

- conduct counseling on family planning and choosing a contraceptive method;
- assess the patient.

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

Atypical situational tasks:

1 . A 17-year-old girl sought counseling regarding pregnancy prevention and STDs. Menstruation from the age of 11, there are often delays from several days to a month. Over the past year, she has noticed a significant increase in body weight, which is very upsetting to her. She needs reliable contraception and, preferably, to regulate the menstrual cycle.

Task: What are the doctor's actions ?

Answer:

1. Make an examination plan.
2. Conduct STD risk counseling.
3. To inform about acceptable methods of contraception.
4. Offer her a double method of contraception with the simultaneous use of condoms and COCs.
5. To inform about methods of emergency contraception.

6. Schedule the next visit.

2. To doctor turned to women 's counseling woman D. , which is 5 days ago did artificial abortion . _ Blood pressure 120/70 , pulse 78 bpm . To pregnancy woman used bar ' ernii ~ method prevention pregnancy , complications not was , wishes more hope ~ nii ~ method contraception . It is known from the anamnesis that she suffers from gallstone disease with frequent periods of exacerbation. The doctor recommended the woman to start using COCs after the next menstruation.

Task:

1. Evaluate the correctness of the doctor's recommendation.
2. What mandatory examinations should a woman undergo before using this method ?
3. What modern methods of contraception are more acceptable for her.

Answer:

1. The doctor's recommendations are incorrect, given the existing extragenital pathology.
2. Examination: measurement of blood pressure, ultrasound of the abdominal organs, biochemical blood analysis.
3. VMK, barrier .

Test tasks STEP-2:

1. (2019) A 32-year-old woman turned to a gynecologist with complaints of chronic pelvic pain that worsens during menstruation, dyspareunia, bleeding before and after menstruation. Last period 3 weeks later. When examined in mirrors: on the cervix, there are 2 cysts with a diameter of 3 and 5 mm, blue-purple in color, from which a dark brown liquid is secreted. During bimanual examination: the body of the uterus is spherical in shape, enlarged up to 6 weeks of pregnancy, painful during palpation. Appendages on both sides without features. The doctor was informed that the birth of a child is not planned in the near future. What tactics of treatment of this patient is the most appropriate ?

- A. Controlled ovarian hyperstimulation
- B. Appointment of combined oral contraceptives *
- S. Appointment of androgens
- D. Surgical intervention
- E. Appointment of gonadotropin-releasing hormone antagonists

2. (2008) A 26-year-old woman who gave birth 7 months ago has been troubled by nausea, vomiting in the morning, and drowsiness for the past two weeks. She is breastfeeding, there was no menstruation. She was not warned against pregnancy. Which of the methods should be used to clarify the diagnosis ?

- A. Ultrasound examination *
- B. Ro -graphy of the pelvic organs
- C. Palpation of the mammary glands and milk ejection

- D. _ Two-handed vaginal examination
- E. Research using mirrors

4 . Summing up (criteria for evaluating learning outcomes).

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: KPI

Assessment of current activity in a practical session :

1. Evaluation of theoretical knowledge on the subject of the lesson:
 - methods: survey, solving a situational clinical problem
 - assessment: maximum – 5, minimum – 3, unsatisfactory – 2
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
3. 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 student 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 student 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 student 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 student 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 2. Gynecology: a textbook (University III-IU: r.a.) / V.I. Hryshchenko, M.O. Shcherbiny and others. - K.: Medicine, 2020. - 376 p.
4. Clinical Obstetrics and Gynaecology: 4th Edition / Brian A. Magowan, Philip Owen, Andrew Thomson. - 2021. - 454 p.
5. 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. 417 dated 15.07.2011 "On the organization of ambulatory obstetric and gynecological care in Ukraine"
2. Intra-abdominal bleeding in gynecology: a monograph / I. Z. Gladchuk, O. Ya. Nazarenko, R. O. Tkachenko. - Odesa. : ONMedU, 2021. – 112 p.
3. Endoscopic surgery: training. manual / V.M. Zaporozhian, V.V. Grubnik, Yu.V. Grubnik, A.V. Malinovsky and others; under the editorship V.M. Zaporozhana, V.V. Grubnika - K.: VSV "Medicine", 2019. - 592 p.
4. Gynecology: a guide for doctors./ V.K. Likhachev. – Vinnytsia: Nova Kniga, 2018. - 688 p.
5. Family planning. Educational and methodological manual / N.G. Hoyda, O.V. Hryshchenko, V.P. Kvashenko, O.V. Kravchenko et al. / Kyiv, 2016. – 444 p.
6. Situational problems in gynecology: study guide. / I.Z. Gladchuk, A.H. Volyanska, G.B. Shcherbina and others; under the editorship Prof. FROM. Hladchuk - Vinnytsia: "Nilan-LTD" LLC, 2018.-164 p.
7. Oats, Jeremy Fundamentals of Obstetrics and Gynecology [Text]: Liewellyn-Jones Fundamentals of Obstetrics and Gynecology / J. Oats, S. Abraham. – 10th ed. – Edinburgh [etc.]: Elsevier, 2017. – VII, 375 p.
8. Obstetric risks in uterine fibroids: age aspect / Zhelezov D.M., Saleh O.S // East European Science Journal 1(41) 2019. - P. 50-52.
9. Complications of laparoscopic conservative myomectomy / I.Z. Gladchuk, D.M.

- Zhelezov, G.V. Shitova, N.A. Zarzhitska // Clinical and experimental pathology Vol. 18, No. 2(68), 2019. - P.168-173.
10. Laparoscopic myomectomy in patients with reproductive intentions (literature review) / I.Z. Hladchuk, G.V. Shitova, N.A. Zarzhitska // Health women - #2 (148) -2020. - pp. 75-85.
 11. Prevention of purulent-septic complications during laparoscopic surgeries on pelvic organs with the risk of vaginal microbiota contamination / Zaporozhan VN, Gladchuk IZ, Rozhkovska NM, Volyanska AG, Shevchenko OI // World of Medicine and Biology.-2020- №1(71) . - P.49-53. (*Web of science*)

Electronic information resources

1. <https://www.cochrane.org/> - Cochrane / Cochrane Library
2. <https://www.acog.org/> - 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 for Biotechnology Information / National Center for Biotechnology Information
6. <https://pubmed.ncbi.nlm.nih.gov/> - National Library of Medicine
7. <https://www.thelancet.com/> - The Lancet
8. <https://www.rcog.org.uk/> - Royal College of Obstetricians & Gynecologists
9. <https://www.npwh.org/> - 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](http://www.ama-assn.org)
12. www.who.int - [World Health Organization](http://www.who.int)
13. www.dec.gov.ua/mtd/home/ - [State Expert Center of the Ministry of Health of Ukraine](http://www.dec.gov.ua/mtd/home/)
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