ONMedU, Department of Obstetrics and Gynecology. Practical class #7. Counseling on pregnancy and family planning.

MINISTRY OF HEALTH OF UKRAINE
ODESA NATIONAL MEDICAL UNIVERSITY

Pharmaceutical Faculty

Department of Obstetrics and Gynecology

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METHODOLOGICAL RECOMMENDATIONS FOR THE PRACTICAL LESSON FROM ELECTIVE DISCIPLINE

Faculty of Pharmacy, 4th COURSE

Elective discipline "FAMILY PLANNING. CONTRACEPTION"

Practical class #7. TOPIC: "Counseling on pregnancy and family planning"

Methodological recommendations of practical class, EPP "Pharmacy. Industrial pharmacy", 4th course, Pharmaceutical faculty. Elective discipline: "Family planning. Contraception"

ONMedU, Department of Obstetrics and Gynecology. Practical class #7. Counseling on pregnancy and family planning.

Approved:

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

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Methodological recommendations of practical class, EPP "Pharmacy. Industrial pharmacy", 4th course, Pharmaceutical faculty. Elective discipline: "Family planning. Contraception"

Practical lesson #7

Topic: "Counseling on pregnancy and family planning"
Aim To master family planning counseling. Learn the patient's examination plan before choosing a contraceptive method. To learn how to select a modern method of contraception according to the periods of a woman's life.
Basic concepts: Counseling process: stages (initial (primary) counseling, counseling on a specific contraceptive method, counseling on further use of a 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. Selection of a modern method of contraception according to the periods of a woman's life.
Equipment: Professional algorithms, structural and logical schemes, tables, models, video materials, results of laboratory and instrumental studies, situational problems, patients, medical histories.

1. Organizational measures (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.

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

2Knowledge requirements:

- communication and clinical patient examination skills;
- the ability to determine the list of necessary clinical and laboratory and instrumental studies and evaluate their results;
- the ability to conduct family planning counseling.

List of didactic units:

- counseling process: stages (initial (primary) counseling, counseling on a specific contraceptive method, counseling on further use of a contraceptive method);
- psychological barriers in counseling and their prevention;
- periods of life with the risk of unplanned pregnancy;
- assessment of the patient to provide her with family planning services;
- necessary examination, which is carried out in a planned manner before making a decision on the use of a specific method of contraception;
- selection of a modern method of contraception according to the periods of a woman's life.

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

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: Can COC be recommended to a woman?

Answer: Can not.

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. She 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 she recommend?

Answer: Barriers.

3. A 17-year-old student has been dating a guy for six months. Their relationship is permanent and they are going to get married in the future. She heard about the COC, that it is a reliable method of contraception and wants to use it.

Task: Is this method of contraception suitable in such a situation?

Answer: Yes

4.A 47-year-old woman applied to a private medical institution. She is engaged in business, often goes on business trips. It is known from the anamnesis that she has two adult children, is currently unmarried, but has a boyfriend who is younger.

Task: Can she use postinor as a method of permanent contraception?

Answer: Can not.

Typical test tasks:

1. What examinations must be carried out before starting to use IUD?

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 MLA 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 - c; 2 – a; 3 - c.

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

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

Interactive task:

Divide the students into 3 subgroups. We work in women's consultation rooms with a thematic patient, we give tasks:

Tasks for subgroups

I 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.

Unusual situational tasks:

1. Patient A., a 29-year-old woman in labor, came to the clinic 8 weeks after giving birth. She did not live a sexual life after giving birth, as she was in the hospital for a long time due to endomyometritis and mastitis after giving birth. Wants to prevent an unplanned pregnancy, so asks to provide her with information on restoring fertility after childbirth. He notes heaviness in the lower abdomen, an increased amount of cloudy, thick discharge from the vagina.

Task:1. What should the consultant additionally find out in the patient's history?

2. What should be the consultant's action algorithm?

3. What advice about pregnancy prevention should the counselor provide?

Answer:

1. The nature of feeding the child, the state of menstrual function.

2. Offer a gynecological examination, if indicated, conduct a laboratory study of secretions. Determine the need for treatment.

3. To provide information about the time and conditions of fertility restoration after childbirth and acceptable methods of pregnancy prevention.

2. A woman in labor, V., who gave birth 25 days ago and wants to start sexual life, 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. Notifies 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.

Task: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).

3. 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.

Task: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, Depot medroxyprogesterone acetate, IUD).

4. The doctor of the women's consultation consulted the patient K. regarding the choice of a method of contraception. Patient 36 years old, weight 63 kg, blood pressure 120/70,smokes, does not drink alcohol, suffers from anemia of the first degree. The doctor of the women's consultation recommended the use of COCs to the woman, taking into account the presence of anemia.

Task:1. Assess the correctness of the doctor's recommendations.
2. Which women should not use COCs?

Answer:

1. The doctor gave the right recommendations, taking into account the presence of anemia.
2. Women who belong to category 3-4 medical criteria for the acceptability of contraceptive use.

Non-typical test tasks:

1. Patient Z., 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. IUD with cooper
c. COCs
d. Condoms

e. Surgical sterilization

2.Sofia, 36 years old, mother of three children, has a history of 2 medical abortions. For the past 4 months, she has been using an IUD, which was removed due to partial expulsion a month ago. Menstruation is regular, 5 days have passed since the beginning of the last one. Sofia smokes up to 10 cigarettes a day. He does not want to give up this habit.
What method of contraception CANNOT be used in this case?
a. Natural methods
b. COCs
c. Voluntary surgucal sterilization
d. Depo-Provera
e. Nova Ring

3. Patient Y., 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.
Which method of contraception should not be recommended?
a. COCs
b. Progestogen-only oral contraceptives
c. Spermicides
d. Injectable hormonal contraceptives
e. Fertility recognition method

4.Patient V. is 28 years old. There was no history of 1 childbirth, no abortions. During an objective examination, a diagnosis of cervical dysplasia was established. A woman's periods are regular. Planning pregnancy in 2 years.
What contraceptive should the doctor not recommend?
a. Spermicides
b. COCs
c. Natural methods of pregnancy planning
d. IUD
e. Condoms
Correct answers: 1 - c, 2 - b, 3 - c, 4 -d

3.2. 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	COCs	EC	POICs	IUD	Condoms	Cervical caps	Contraceptives for local use	Female sterilization	Vasectomy
Examination of mammary glands	C	C	C	C	C	C	C	C	Not held
Examination of the pelvic/genital organs	C	C	C	A	C	A	C	A	A
Cervical pathology screening	C	C	C	C	C	C	C	C	Not held
Standard laboratory examination	C	C	C	C	C	C	C	C	C
Determination of the level of hemoglobin in the blood	C	C	C	B	C	C	C	B	C
STD risk assessment: history taking and general examination	C	C	C	A*	C*	C**	C**	C**	C
Screening for STIs/HIV: laboratory examination	C	C	C	B*	C*	C**	C**	C**	C
Measurement of blood pressure	***	***	***	C	C	C	C	A	C****

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

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

Class "C"- carrying out this examination or analysis does not provide any significant guarantee of safety and effectiveness of a particular 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 that contain nonoxynol-9.

*******Blood pressure measurement is recommended before starting the use of COC, Emergency contraception (EC).

********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**
5.1. Methods of contraception for teenagers and young people.	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).	<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. ***COCs:***for young women who have a regular sex life and a permanent sexual partner; does not protect against STIs/HIV. ***Double dutch method*** (simultaneous use of COCs with a condom). ***IUD:***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.
5.2. Methods of	The key issues of postpartum contraception are the beginning of the	Mandatory: 1. To provide counseling on the peculiarities of the

contraception for women in the postpartum period	period of prevention of unplanned pregnancy and the effect of the method of contraception on lactation. According to research data, the restoration of menstruation up to 6 months after childbirth occurs 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. IUD are contraindicated for women with complicated childbirth (bleeding, anemia, infections); IUD and VSS do not affect the quantity and quality of breast milk (WHO 2012).	course of the postpartum period and the use of family planning methods. 2. Offer methods of contraception: **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. **Contraceptives of the progestogen series:**to women who use MLA only 6 months after childbirth; women who are not breastfeeding can be applied immediately, provided there is no pregnancy; to women who breastfeed, but alternate with complementary foods - 6 weeks after childbirth. **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. **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. **Voluntary surgical sterilization (VSS):**immediately after childbirth, during cesarean section or within 7 days after childbirth; if sterilization is not carried out after 7 days, carry out only 6 weeks after childbirth. **Barrier methods:**from the time of resumption of sexual activity (cervical caps - 6 weeks after childbirth). **Fertility recognition methods:**it is not recommended to start using it before the return of regular menstruation.
5.3. Methods of contraception for women after abortion	Post-abortion family planning services: - 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. 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. 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 took place in the second trimester of pregnancy.	Mandatory: Conduct counseling on the features of the post-abortion period and the use of family planning methods. Uncomplicated abortion: - 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. **Uncomplicated abortion:** ***Hormonal drugs:***the first COC or EC tablet is given immediately on the day of surgery; hormonal patch, vaginal ring can be started to be used immediately after the abortion. ***Injectable drugs:***can be administered immediately after the abortion or within 7 days after the operation. ***IUD***(containing copper) or IUD (with levonorgestrel): immediately after the abortion or within 7 days (for IUDs with levonorgestrel) and 12 days (for IUDs

	After an uncomplicated abortion in the first trimester, all methods of contraception are suitable.	containing copper), provided there are no symptoms of infection. **Barrier methods**(condoms, spermicides): since the resumption of sexual activity. ***Fertility recognition methods:*** only after the restoration of a regular menstrual cycle. **Complicated abortion:** you can use hormonal oral contraceptives, injection methods, condoms; IUD and sterilization should be postponed until the complication is resolved. **Medical abortion:** you can start using hormonal contraception already after taking the first pill according to the medication abortion scheme; complete termination of the abortion should be confirmed before the introduction of an intrauterine contraceptive or sterilization.
5.4. Methods of contraception for women approaching menopause.	According to the statistics of Western European countries, 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).	Mandatory: 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). Combined hormonal contraceptives: • in accordance with WHO recommendations, it is advisable to offer combined micro- and low-dose COCs of the latest generation. Contraceptives of the progestogen series: • 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. Barrier methods and spermicides: • effective methods of contraception for older women. IUD: • prefer the hormonal IUD, which has a protective and therapeutic effect.
5.5. Methods of contraception for men.	The participation of men in the process of family planning involves: responsibility in making a decision about the method of family planning in order to preserve the health of the woman and his own; ensuring safe sexual behavior; willingness to use a parallel method of contraception for more guaranteed prevention of unplanned pregnancy and STDs (double Dutch method). Male contraception is of particular	Mandatory: 1. Conduct counseling on the advantages and disadvantages of contraception in men. Barrier methods: • the condom can be treated with spermicide for additional protection. Surgical: • vasectomy - male surgical sterilization. The contraceptive effect is achieved by blocking the vas deferens. Behavioral:

	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)	• abstinence from sexual intercourse.

3.3. Topics of reports/abstracts:

1. Methods of modern and future contraception.
2. Provision of family planning services for diseases of the mammary gland.
3. Family planning and STDs.
4. Methods of contraception according to periods of life.

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

Unusual situational tasks:

1.Patient Y., 18 years old, came to the doctor of the women's consultation with complaints of heavy menstruation, weakness, and quick fatigue.

Sex life is regular, from the age of 16. The sexual partner is permanent. Four months ago, a medical termination of pregnancy was performed at 6-7 weeks, without complications, after which menstruation became abundant. Over the past month, the patient began to feel weak, quick fatigue. General blood analysis: Hb - 90 g/l.

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

Answer: It is recommended to use COCs, which contain the progestin desogestrel, which inhibits the proliferation of the endometrium.

It is possible to use COCs in a continuous prolonged mode according to the scheme of 42–63–84–126 (days) + 7 days in order to restore the level of Hb in the blood and the general condition of the patient.

2.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.

3.A woman D., who had an artificial abortion 5 days ago, turned to the doctor of the women's consultation. Blood pressure 120/70, pulse 78 bpm. Before pregnancy, the woman used a barrier method of pregnancy prevention, there were no complications, she wants a more reliable method of 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, considering the existing extragenital pathology.
2. Examination: measurement of blood pressure, ultrasound of the abdominal organs, biochemical blood analysis.
3. IUD,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 released. 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 is the most appropriate treatment strategy for this patient?

A. Controlled ovarian hyperstimulation
B. Prescribing combined oral contraceptives*
C. Prescribing androgens
D. Surgical intervention
E. Prescribing 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. Speculm examination

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

Current control:oral survey, assessment of communication skills during role play, solving situational clinical tasks, assessment of activity in class.

Final control: balance

Evaluation of the current educational activity at the practical class:

1. Evaluation of theoretical knowledge on the subject of the lesson:
   - methods: survey, solving a situational clinical problem
   - the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.
2. Evaluation of work with patients on the subject of the lesson:
   - methods: evaluation of: a) communication skills of communicating with the patient b) the correctness of prescribing and evaluating laboratory and instrumental studiesbefore using a contraceptivein)the ability to provide family planning counseling.
   - the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.

- The grade for one practical class 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 assessment criteria at the practical class

Rating	Evaluation criteria
"5"	The student is fluent in the material, takes an active part in discussing and solving a situational clinical problem, confidently demonstrates the skills of counseling on family planning and the correct appointment of laboratory and instrumental studies before using a contraceptive, expresses his opinion on the subject of the class, demonstrates clinical thinking.
"4"	The student has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates the skills of family planning counseling and the correct appointment of laboratory and instrumental studies before using a contraceptive with some errors, expresses his opinion on the topic of the class, demonstrates

	clinical thinking.
"3"	The student does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of the situational clinical problem, demonstrates the skills of family planning counseling and the correct appointment of laboratory and instrumental studies before using a contraceptive with significant errors.

5.List of recommended literature.

Basic:

1. Family Planning: A Universal Guide for Family Planning Providers.Updated 3rd edition 2018. Copenhagen: WHO Regional Office for Europe; 2021
1. Obstetrics and gynecology:in 2 books. – Book 2. Gynecology: a textbook (III-IV university) / edited by V.I. Hryshchenko, M.O. Shcherbiny - 3rd ed., edition, 2020. – 376 p
2. Clinical obstetrics and gynecology: 4th edition/Brian A. Magowan, Philip Owen, Andrew Thomson. - 2021. - 454 p.
3. Medical acceptance criteria for the use of contraceptive methods: 5th edition. Guidelines.-Geneva: World Health Organization; 2015
4. 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.
5. 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.
6. Dutta, Durlav Chandra. DC Dutta's Textbook of Gynecology including Contraception / DC Dutta; ed/ Hiralal Konar. - 7th. ed. - New Delhi: Jaypee Brothers Medical Publishers, 2016. - XX, 574 p.

Additional:

2. 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).
3. 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.
4. Current "Clinical protocols", approved by order of the Ministry of Health of Ukraine for Obstetrics and Gynecology.

Internet 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/
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