MINISTRY OF HEALTH OF UKRAINE
ODESA NATIONAL MEDICAL UNIVERSITY

Faculty international

Department of Obstetrics and Gynecology

CONFIRMED BY
Vice-rector for scientific and pedagogical work
Eduard BURIACHKIVSKYI
"29" August 2024

METHODOLOGICAL RECOMMENDATIONS FOR THE PRACTICAL LESSON FROM ELECTIVE DISCIPLINE

Faculty international, course IV

Elective discipline "Family planning. Contraception"

Practical lessions No. 5. Topic: "Postpartum and postabortion contraception"

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

Protocol No. 1 dated August 29, 2024

Head of the department _____ (Ihor GLADCHUK)

Developers:

PhD, Associate Professor of the
Department of Obstetrics and Gynecology _____ Lavrynenko G.L.

PhD, Assistant of the
Department of Obstetrics and Gynecology _____ Shevchenko O.I.

Practical lessons No. 5

Topic: "Postpartum and postabortion contraception"
Aim: To study the issue of family planning and counseling on choosing a method of contraception in the postpartum and postabortion period.
Basic concepts: Peculiarities of counseling in the postpartum period. Physiology of the postpartum period. Methods of contraception in the postpartum period. Principles of breastfeeding. Peculiarities of counseling women related to abortion. Course of the post-abortion period. Methods of contraception in the post-abortion period.
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).

The state of reproductive health depends on the conditions of its formation and preservation throughout the life of each person.

The world community is concerned about the situation with abortions and is constantly working on improving measures and methods to prevent unplanned pregnancy. Avoiding unplanned and risky pregnancy is the main strategy for reducing infant and maternal mortality. There is considerable evidence that the use of contraceptives reduces abortions.

Preservation of reproductive health in the postpartum period is also an urgent problem today. The time interval of 2-3 years between births is important for both the mother and the child. Because this interval helps the mother to recover from the physiological stress of pregnancy and replenish her nutritional reserves, which (ideally) gives her time to breastfeed the baby and allows her to focus on the baby during the first important years of the baby's life.

Important effective targeted measures can be the implementation of postpartum and postabortion contraception with respect for the patient's rights, his wishes, opportunities, commitment to the use of this or that contraceptive.

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

2.1. Knowledge 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 in the postpartum period;
- physiology of the postpartum period;
- methods of contraception in the postpartum period;
- principles of breastfeeding;
- counseling women related to abortion;
- features of the course of the post-abortion period;
- methods of contraception in the post-abortion period.

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

Typical situational tasks:

1. Maternity A., on the 3rd day after the operative delivery, started breastfeeding the newborn. Lactation is poor. The child is fed with milk mixture 3 times a day. Can the patient use LAM?

Answer: Can not.

2. Patient M., 23 years old, who wants to start using the Mirena IUD, came to the women's consultation for a consultation. The birth took place 3 months ago. Feeds the child 8 times a day. Can a patient use the Mirena IUD?

Answer: It is possible to use the Mirena IUD after 4 weeks after childbirth.

3. Patient K., who suffers from premenstrual syndrome, turned to the women's consultation. The woman is 32 years old, has a history of 1 childbirth (the child is healthy), 2 artificial abortions, the last one 5 days ago (medical). Can a woman start using COCs right away?

Answer: Yes, she can.

Typical test tasks:

1. What hormones affect the establishment and process of lactation?

A. Progesterone.
B. FSH.
C. Prolactin.
D. Cortisol.
E. LH

2. When is it recommended to start LAM?

A.During the week after childbirth.
B.Within 2 hours after delivery.
C.Within 24 hours after delivery.
D. Within 3 days after childbirth.
E. Within 2 days after childbirth.

3. How can you convince a woman who had an abortion a month ago to use contraception?

A.To give comprehensive information about modern contraceptives.

B.Reassure the woman by saying that despite the abortion she remained healthy, that she can do without contraception.

C.Explain to the woman that in case of delayed menstruation and the presence of signs of pregnancy, she should consult a doctor.

D. Provide the patient with instructions on the rules for using the method.

E. Talk about severe side effects of contraceptives.

Correct answers: 1 - C; 2 – B; 3 – A.

3.Discussion of theoretical issues.

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

Question:

- Characteristics of the physiological course of the postpartum period.
- Principles of breastfeeding.
- The method of lactational amenorrhea.
- Methods of contraception acceptable to women who are breastfeeding.
- Methods of contraception acceptable to women who are not breastfeeding.
- Physiology of the postabortion period.
- Methods of contraception in the post-abortion period.
- Peculiarities of the mechanisms of action of various contraceptives.
- Contraceptive / non-contraceptive advantages of different methods of contraception.
- Disadvantages of various methods of contraception.

Interactive task:

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

Subgroup I – evaluation of the patients condition.

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

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

Unusual situational tasks:

1.Patient B., 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:

- What should the consultant additionally find out in the patient's history?
- What should be the consultant's action algorithm?

- What pregnancy prevention advice should a counselor provide?

Answer:

- The nature of feeding the child, the state of menstrual function.
- Offer a gynecological examination, if indicated, conduct a laboratory study of secretions. Determine the need for treatment.
- To provide information about the time and conditions of fertility restoration after childbirth and acceptable methods of pregnancy prevention.

2. A., a woman in labor, who gave birth 2 weeks ago, turned to the doctor. The delivery was urgent, physiological. A woman has agalactia. BP 100/60 mm Hg, pulse 70 bpm. Before pregnancy, the woman used COC, there were no complications, she wants to continue this method of contraception.

Task:

1. Determine the time to start using COCs after childbirth.

Answer:

- If a woman is not breastfeeding, it is possible to start taking COCs 3 weeks after childbirth, without waiting for the return of menstruation. The use of COCs after childbirth, if a woman is breastfeeding, is possible 6 months after childbirth or after stopping breastfeeding.

3. A woman K., who had an artificial abortion 5 days ago, turned to the doctor. Blood pressure 120/70 mm Hg, heart rate 78 bpm. Before pregnancy, the woman used COC, there were no complications, she wants to continue this method of contraception.

Task:

1. Determine the beginning of COC use after abortion.

Answer:

- The first COC tablet can be taken on the day of the operation.

3.2. ***Family planning for different categories of the population and according to periods of life (Order No. 59 dated 21.02.2014)***

Position protocol	**Justification**	**Necessary actions**
1. Methods of contraception for women in the postpartum period.	The key issues of postpartum 1. contraception are the beginning of the period of prevention of unplanned pregnancy 2. and the effect of the method of	<u>*Mandatory:*</u> Conduct counseling on the peculiarities of the course of the postpartum period and the use of family planning methods. Suggest methods of contraception: ***Lactational amenorrhea method (LAM):***

	contraception on lactation. According to research, 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. IUDs 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). -	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 LAM, 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 giving birth. ***Voluntary surgical sterilization (VSS):*** - immediately after childbirth, during cesarean section or within 7 days after childbirth; - if sterilization is not performed after 7 days, it should be performed 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 restoration of regular menstruation.
2. 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 begin 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	<u>*Mandatory:*</u> 1. 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 TKP tablet is given immediately on the day of surgery; - hormonal patch, vaginal ring can be used immediately after the operation. ***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 containing copper), provided

	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. - After an uncomplicated abortion in the first trimester, all methods of contraception are suitable.	there are no symptoms of infection. ***Barrier methods****(condoms, spermicides):* - since the resumption of sexual activity. ***Fertility recognition methods:*** - only after the restoration of the 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 medical abortion scheme; complete termination of the abortion should be confirmed before the introduction of an intrauterine contraceptive or sterilization.

3.3. Topics of reports / essays.

- Peculiarities of counseling in the postpartum period.
- Physiology of the postpartum period.
- Methods of contraception acceptable to women who are breastfeeding.
- Methods of contraception acceptable to women who are not breastfeeding.
- Principles of breastfeeding. The method of lactational amenorrhea.
- Peculiarities of counseling in the post-abortion period.
- Physiology of the postabortion period.
- Methods of contraception acceptable to women after an uncomplicated abortion.
- Methods of contraception acceptable for women after a complicated abortion.

3.4. Non-typical test tasks:

1. A woman went to see a doctor to choose a contraceptive method. The postpartum period is 7 months. Breastfeeds. Menstruation has been present for 2 months. What method of contraception CANNOT be used in this case?
A. Intrauterine spiral.
B. Birth control pills of the progesterone series.
C. Progesterone injectable contraceptives.
D. Condoms.
E. Method of lactational amenorrhea.
2.Which women can use COCs?
A.Pregnant women.
B.Women after abortion.
C.Women with blood pressure > 140/90 mm Hg.
D. Women with a history of stroke.
E. All answers are correct.
3.A 36-year-old patient turned to a doctor to choose a contraceptive method. The patient smokes, drinks alcohol moderately. In the history of 2 childbirths, 1 abortion. There is no extragenital pathology, no more pregnancies are planned. Which contraceptive should the doctor not recommend to the patient?
A.Spermicides
B. IUD
C. COC.
D. Condoms
E. Surgical sterilization.
Correct answers: 1 – E, 2 – B, 3 – C.

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*
S. 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*
IN.Ro-graphy of the pelvic organs
C. Palpation of the mammary glands and milk ejection
D. Two-handed vaginal examination
E. Speculum examination

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

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

Final control: balance

Evaluation of the current educational activity at the practical lessons:

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 a patient on the subject of the lesson:
- methods: assessment of: a) communication skills of communicating with the patient, b) the correctness of prescribing and evaluating laboratory and instrumental studies, c) compliance with the differential diagnosis algorithm, d) substantiation of the clinical diagnosis, e) drawing up a treatment plan;
- the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.

The grade for one practical lesson 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 for the practical lesson:

"5"	The student has a fluent command of the material, takes an active part in discussing and solving a situational clinical problem, confidently demonstrates practical skills during the examination of a patient and the interpretation of clinical, laboratory and instrumental research data, expresses his opinion on the subject of the lesson, demonstrates clinical thinking.
"4"	The student has a good command of the material, participates in the discussion and solution of the situational clinical problem, demonstrates practical skills during the examination of the patient and the interpretation of clinical, laboratory and instrumental research data with some errors, expresses his opinion on the topic of the lesson, 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 practical skills during the examination of the patient and the interpretation of clinical, laboratory and instrumental research data with significant errors.
"2"	The student does not master the material, does not take part in the discussion and solution of the situational clinical problem, does not demonstrate practical skills during the examination of the patient and the interpretation of clinical, laboratory and instrumental research data.

5. List of recommended literature.

Basic:

1. Obstetrics and gynecology: in 2 books. – Book 2. Gynecology: a textbook (III-IV university) / edited by V.I. Hryshchenko, M.O. Shcherbyny, B.M. Ventskivskyi - 3rd ed., edition, 2020. – 376 p.
2. Clinical Obstetrics and Gynaecology: 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:

1. Family Planning: A Universal Guide for Family Planning Providers. Updated 3rd edition 2018. Copenhagen: WHO Regional Office for Europe; 2021
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. Diagnostics of obstetric and gynecological endocrine pathology: [educational manual for intern doctors and trainee doctors of institutions (fac.) post-diploma. of Education of the Ministry of Health of Ukraine] / edited by V.K. Likhachev; V.K. Likhachev, L.M. Dobrovolska, O.O. Taranovska and others; UMSA (Poltava). – Vinnytsia: E.V. Maksimenko Publisher, 2019. – 174 p.
5. Reproductive function in women with uterine fibroids and endometriosis / N.M. Rozhkovska, D.M. Zhelezov, T.V. Kossei // Women's health - 2018. - #2. - P.5-7.
6. 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/
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/