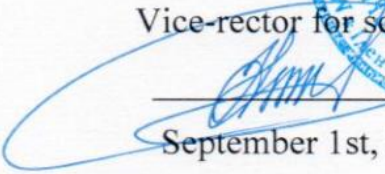


MINISTRY OF HEALTH OF UKRAINE
ODESA NATIONAL MEDICAL UNIVERSITY

Department of Obstetrics and Gynecology

APPROVED

Vice-rector for scientific and pedagogical work


Eduard BURIACHKIVSKYI

September 1st, 2025

METHODOLOGICAL RECOMMENDATIONS
FOR PRACTICAL CLASSES
ON THE ELECTIVE DISCIPLINE
“FAMILY PLANNING. CONTRACEPTION”

Level of higher education: second (master's)

Field of knowledge: 22 "Health care"

Specialty: 226 "Pharmacy. Industrial pharmacy"

Specialization: "Obstetrics and Gynecology"

Educational and professional program: Pharmacy. Industrial pharmacy

Approved:

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

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PRACTICAL CLASS №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.

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

Requirments for the theoretical readiness of students to perform practical classes.

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;

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.

Task: 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.

Task: 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. 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. 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.

2. 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.

3. Formation of professional skills and practical abilities.**3.1 Content of tasks (tasks, clinical situations, etc).****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.

Task: 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.

Task: 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.

Task: 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.

Task: 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.

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?
- Combined oral contraceptives.
 - Copper IUD.
 - Surgical sterilisation.
 - Condoms.
 - Spermicides

- Intrauterine device.
- Progesterone contraceptive pills.
- Condoms.
- Combined oral contraceptives.
- Spermicides

3.2 Recommendations (instructions) for the implementations of tasks.

[illegible]

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 circumstances	Yes (the method is 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.

3.3. Requirments for work results, including design.

- Provide counseling to women on contraception.
- Assess the patient
- Select a method of contraception for adolescents, women of reproductive age and in the postpartum period.
- Oral report on the thematic patient.
- Analysis and discussion of the results of the patient's examination.
- Multimedia presentation on the topic of the lesson (literature review using modern sources, videos).

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

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:

1. (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?

- a. Controlled ovarian hyperstimulation
- b. Prescribing combined oral contraceptives*.
- c. C. The purpose of androgens
- d. Surgical intervention
- e. Prescription of gonadotropin-releasing hormone antagonists

2. (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?

- a. A. Ultrasound examination*.
- b. Ro-radiography of the pelvic organs
- c. C. Palpation of the mammary glands and squeezing out milk
- d. Two-handed vaginal examination
- e. Research with mirrors

PRACTICAL CLASS №2
**TOPIC: "MODERN METHODS OF CONTRACEPTION (PART I).
HORMONAL CONTRACEPTION"**

Aim: To systematise and deepen knowledge of modern methods of contraception, in particular hormonal methods. To learn the mechanism of their action, advantages and disadvantages, indications, contraindications. Learn the rules for using hormonal contraceptives. To study the types of emergency contraception, indications for use, and mode of use. To learn the plan for examining a patient before choosing a hormonal contraceptive method. Learn to assess the patient and medical criteria for hormonal contraception.

Basic concepts: Classification of modern methods of contraception. Hormonal contraception: classification, mechanism of action, advantages, disadvantages, rules for the use of hormonal contraceptives. Types of emergency contraception, indications for use, mode of use.

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

Requirments for the theoretical readiness of students to perform practical classes.

Knowledge requirements:

- communication and clinical examination skills;
- ability to determine the list of necessary clinical, laboratory and instrumental tests and evaluate their results;
- ability to provide counselling on the prescription of hormonal contraception.

List of didactic units:

- counselling on hormonal contraception;
- mechanism of action, advantages, disadvantages;
- rules for the use of hormonal contraceptives;
- indications and contraindications for prescribing hormonal contraceptives;
- types of emergency contraception, indications for use, and mode of use;
- 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;
- a necessary examination, which is carried out in a planned manner before making a decision on the use of hormonal and emergency contraception.

Typical situational tasks:

1. A patient D., who suffers from premenstrual syndrome, came to the antenatal clinic. The woman is 26 years old, has a history of 1 delivery, 2 induced abortions, the last one 5 days ago.

Question: Can a woman start using COCs immediately?

Answer: Yes.

2. Patient Z., consulted a doctor at the antenatal clinic for the selection of an effective contraceptive method. The woman is 35 years old, has a history of 1 birth, 2 induced abortions. She wants to use COC. Her medical history reveals that she suffers from hypertension and had pre-eclampsia during pregnancies.

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

Answer: No, you can't.

Typical test tasks:

1. When counselling patients about the use of hormonal contraceptives, the following issues should be discussed:
 - a. Mechanism of action
 - b. Time and frequency of use
 - c. Side effects
 - d. Fertility restoration period
 - e. All of the above
2. When counselling a woman on the use of COC, the counsellor should explain the following conditions to her:
 - a. Where you can buy drugs for COC.
 - b. When to start using COCs.
 - c. About the mechanism of action of COC
 - d. About contraindications and side effects of COC.
 - e. All of the above.
3. Except which category Hormonal contraception as a method of contraception is suitable?
 - a. Couples who want to use a method that does not involve intercourse
 - b. Women who have a regular sexual partner
 - c. Women with hirsutism, acne
 - d. Women with endometriosis, endometrial hyperplasia
 - e. Sexual partners with a high risk of STDs
4. A woman has come to see a doctor to select a contraceptive method. She has been breastfeeding for 8 months postpartum. She has been menstruating for 2 months. What contraceptive method should not be used in this case?
 - a. Intrauterine device
 - b. Contraceptive pills progesterone-type
 - c. Condoms
 - d. The method of lactational amenorrhoea
 - e. Combined oral contraceptives
5. A woman has come to a doctor's office to select a method of contraception, she has viral hepatitis B. Which method of contraception should not be used in this case?
 - a. Combined oral contraceptives
 - b. Copper metal uterine device
 - c. Surgical sterilisation
 - d. Condoms
 - e. Spermicides

6. A 45-year-old woman with two children came to see a doctor. She has a history of varicose veins of the lower extremities and suffered from thrombophlebitis three years ago. 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

7. A 35-year-old woman visited an antenatal clinic to select a contraceptive method. She has a history of 1 childbirth 5 years ago, during pregnancy there was swelling of the lower extremities, an increase in blood pressure to 180/110 mmHg. After giving birth, she has periodic migraines and an increase in blood pressure to 160/100 mmHg, and is not planning to have a child in the near future. What method of contraception is not indicated in this case?

- a. Barrier methods.
- b. Purpose of the COC
- c. Purpose of the IUD
- d. Surgical sterilisation
- e. Spermicides

8. A 26-year-old woman gave birth 5 months ago, is breastfeeding, menstruation resumed after 4 months. She has consulted a doctor to choose a method of contraception. Which contraceptive method is inappropriate for this woman?

- a. The method of lactational amenorrhoea
- b. The purpose of the IUD
- c. Barrier methods
- d. Purpose of the PPOC
- e. Spermicides

Correct answers: 1 - e; 2 - e, 3 - e, 4 - d, 5-a, 6-d, 7-b, 8-a

2. Discussion of theoretical issues.

Question:

- Classification of modern contraceptive methods
- Combined oral contraceptives (COCs): types, mechanism of action
- Combined oral contraceptives (COCs): advantages and disadvantages
- Combined oral contraceptives (COCs): indications and contraindications.
- Progesterone contraceptives: types, mechanism of action
- Progesterone contraceptives: advantages and disadvantages
- Progesterone contraceptives: indications and contraindications.
- Rules for the use of hormonal contraceptives.
- Types of emergency contraception, indications for use, and mode of use.
- Necessary examination, which is carried out in a planned manner before making a decision on the use of hormonal contraception
- Side effects of different contraceptive methods.
- Instructions for the patient when using different contraceptive methods.

3. Formation of professional skills and practical abilities.

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

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 - taking anamnesis, assessing the patient

Subgroup II - counselling on family planning and selection of hormonal 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 to use reliable contraception.

Sexual relations since the age of 15, irregular - 2-4 times a month. No permanent sexual partner. There have been no pregnancies. The girl's 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.

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

Response: The recommendation of monophasic COCs can be considered 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 a cyclic mode. This is a reliable method of contraception, but COCs do not protect against STIs or HIV.

2. 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? What regimen of COC can be offered?

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

It is possible to use COC 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

3. A 25-year-old woman, who has been using COCP 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 recommended barrier methods.

Atypical test tasks:

1. A 36-year-old female patient visited a doctor to choose a contraceptive method. The patient smokes and drinks alcohol moderately. There is a history of 2 births, 1 abortion. There is no extragenital pathology, she does not plan any more pregnancies. Which contraceptive should the doctor not recommend to the patient?
 - a. Spermicides
 - b. IUD from Cu C.
 - c. COC
 - d. Condoms
 - e. Surgical sterilisation
2. Patient K. visited a doctor to choose a contraceptive method. She wants to use COCP. There is no extragenital pathology. There are no contraindications to the use of this method of contraception. What possible side effects should the doctor warn the patient about?
 - a. Reducing body weight
 - b. Increased blood pressure
 - c. Sleep disorders
 - d. Reduced appetite
 - e. Increased fatigue

The correct answers are: 1 - c; 2 – b

3.2 Recommendations (instructions) for the implementations of tasks.

Instructions for the patient

- Take 1 tablet daily, preferably at the same time of day. Take the first tablet on the first day of your period. You can also start on any of the 5 days after the start of your period. There is no need to use any other method of contraception. Some packs contain 28 tablets, others contain 21 tablets. After finishing the 21-tablet pack, take a break for one week (7 days) and then start taking the tablets from the new pack, i.e. from day 8.
- After using a pack of 28 tablets, you must start taking tablets from a new pack without any interruption. There is also a COC on the market that contains 26 coloured active tablets and 2 white inactive tablets in each pack. If you start vomiting within 2 hours of taking the tablet, take 1 more tablet from the other pack. Continue taking the tablets as usual. In such cases, it is better to take the tablets regularly at bedtime, which significantly reduces the feeling of nausea.
- If you are less than 12 hours late in taking 1 pill, take it as soon as you remember, even if this means using 2 pills on the same day. The contraceptive effect will remain. Take your next pill at the usual time. If you miss 1-2 pills in the first week, take the missed pill as soon as you remember (even if this means taking 2 pills on the same day), and take the next pill at the usual time. For the next 7 days, you should use an additional method of contraception (barrier method). However, if

you have sexual intercourse during the week before you miss the pill, pregnancy cannot be completely ruled out.

- **Consult your doctor!** If you miss 1-2 pills in the second week of taking the pill, take the missed pill as soon as you remember (even if this means taking 2 pills in one day), and take the next pill at the usual time. The contraceptive effect will remain, and there is no need for an additional method of contraception. If you miss 1-2 pills during the third week of taking the pill, choose one of the following recommendations:
- **Recommendation 1:** Take the missed tablet as soon as you remember (even if this means taking 2 tablets in one day), and take the next tablet at the usual time. Start taking the new pack immediately after finishing the previous pack (without taking a break).
- **Recommendation 2:** Stop taking the tablets from the current pack. After a break in taking the tablets (no more than 7 days, including the day of the missed dose), start a new pack. In case of absence of the next expected menstruation, consult your doctor.
- If you miss 3 pills in the first or second week, take the hormone pill as soon as possible and use an additional method (such as condoms) or abstain from sexual intercourse for the next 7 days. Consult a healthcare professional. Each new missed pill further reduces contraceptive reliability. Also, if you have had unprotected sexual intercourse within the previous 5 days, you should take TNC.
- If you miss 3 tablets in the third week, take the hormone tablet as soon as possible. Complete all the remaining hormonal tablets in the pack. You should not take 7 non-hormonal pills from a pack containing 28 pills. Start taking the pills from a new pack the next day. You should use an additional method (e.g. condoms) or abstain from sexual intercourse for the next 7 days. If you have had unprotected sexual intercourse within the previous 5 days, you should take TFEC. If you have not had your period after finishing the COC, you should consult a doctor for a pregnancy test (before starting a new pack).
- If the patient forgets to take only one active pill (more than 12 hours late from the usual time) from days 1 to 9, and has had sexual intercourse within a week before the missed pill, she should consult a doctor. If you have not had intercourse, you should take the missed pill, take the next pill at the usual time, even if this means taking two pills on the same day and using an additional method of contraception (barrier method for the next 9 days).
- If the patient forgot to take only one active pill (more than 12 hours late from the usual dose) from day 10 to 17, take the missed pill, take the next pill at the usual time, even if this means taking two pills in one day, use an additional method of contraception (barrier method for the next 9 days).
- If a patient forgets to take only one active pill (more than 12 hours late from the usual dose) from day 18 to 24, she should not take the missed pill, but immediately start with the first pill of the new calendar pack and be sure to use an additional method of contraception (barrier method for the next 9 days).
- If the patient forgot to take only one active pill (more than 12 hours late from the usual dose) from day 25 to 26, take the missed pill, take the next pill at the usual

time, even if this means taking two pills in one day, no additional method of contraception is required.

- If the patient forgot to take only one inactive pill (more than 12 hours late from the usual dose) from day 27 to 28, do not take the missed pill, do not use an additional method of contraception.

3.3. Requirements for work results, including design.

- Provide counseling to women on contraception.
- Assess the patient
- Select a method of contraception for adolescents, women of reproductive age and in the postpartum period.
- Oral report on the thematic patient.
- Analysis and discussion of the results of the patient's examination.
- Multimedia presentation on the topic of the lesson (literature review using modern sources, videos).

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

Test tasks KROK-2:

1. **(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. The 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?

- A. Controlled ovarian hyperstimulation
- B. Prescribing combined oral **contraceptives***.
- C. The purpose of androgens
- D. Surgical intervention
- E. Prescription of gonadotropin-releasing hormone antagonists

2. **(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?

- A. Ultrasound **examination***.
- C. Ro-radiography of the pelvic organs
- C. Palpation of the mammary glands and squeezing out milk
- D. Two-handed vaginal examination
- E. Research with mirrors

PRACTICAL CLASS №3
TOPIC: "MODERN METHODS OF CONTRACEPTION (PART II)".

Aim: To systematise and deepen knowledge of modern methods of contraception. To learn the mechanism of their action, advantages and disadvantages, indications, contraindications. To learn the rules for using contraceptives. To learn the plan of examination of a patient before choosing contraceptive methods. Learn how to assess the patient and the medical criteria for the acceptability of different contraceptive methods.

Basic concepts: Intrauterine contraceptives, barrier contraception, methods of fertility recognition (natural methods), voluntary surgical sterilisation: classification, mechanism of action, advantages, disadvantages, rules for using contraceptives.

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

Requirments for the theoretical readiness of students to perform practical classes.

Knowledge requirements:

- communication and clinical examination skills;
- ability to determine the list of necessary clinical, laboratory and instrumental tests and evaluate their results;
- ability to provide counselling on the prescription of hormonal contraception.

List of didactic units:

- counselling on intrauterine contraception: mechanism of action, advantages, disadvantages;
- rules for the use of barrier contraceptives, mechanism of action, advantages, disadvantages;
- consulting on the use of natural methods of fertility recognition;
- counselling on the appointment of a voluntary surgical sterilisation method: mechanism of action, advantages, disadvantages;
- 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 in a planned manner before making a decision on the use of various contraceptive methods.

Typical situational tasks:

1. Patient K., 15 years old came to the Youth Friendly Clinic for a consultation because she had started dating a young man. She had already had sexual relations with him.

Task: How can she prevent unwanted pregnancy and STIs?

Answer: Use of condoms.

Typical test tasks:

1. When counselling patients about contraceptive use, the following issues should be discussed:
 - a. Mechanism of action
 - b. Time and frequency of use
 - c. Side effects
 - d. Fertility restoration period
 - e. All of the above
2. When counselling a woman on the use of the voluntary surgical sterilisation method, the counsellor should explain the following conditions to her:
 - a. When and where to do it
 - b. The indications and contraindications of this method
 - c. Mechanism of action, irreversibility of the method
 - d. What are the possible complications
 - e. All of the above
3. Except which category barrier contraception as a method of contraception is suitable for?
 - a. Couples who want to use a method that does not involve intercourse
 - b. Women who have a regular sexual partner
 - c. Women with hirsutism, acne
 - d. Women with endometriosis, endometrial hyperplasia
 - e. Sexual partners at high risk of STDs
4. What examinations should be carried out before using a IUD?
 - a. Standard laboratory tests
 - b. Blood pressure measurement
 - c. Examination of pelvic genital organs
 - d. Pelvic ultrasonography
 - e. MRI of the pelvic organs
5. The advantages of copper-containing intrauterine contraceptives are:
 - a. Prevents fertility in 100% of cases
 - b. The method does not affect breastfeeding
 - c. Can be used for an unlimited period
 - d. The method is effective one week after administration
 - e. Protects against STIs

The correct answers are: 1 - e; 2 - e, 3 - a, 4 - c, 5 - b.

2. Discussion of theoretical issues.**Question:**

- Classification of modern contraceptive methods.

- The mechanism of action, advantages and disadvantages of the intrauterine contraceptive method.
- Indications and contraindications for the use of intrauterine contraception.
- Mechanism of action, indications, advantages and disadvantages of the barrier contraception method.
- Mechanism of action, advantages and disadvantages of fertility recognition methods (natural methods).
- Indications and contraindications for using the fertility recognition method.
- The mechanism of action, advantages and disadvantages of the voluntary surgical sterilisation method.
- Indications and contraindications for voluntary surgical sterilisation.
- 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.

3. Formation of professional skills and practical abilities.

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

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 - taking anamnesis, assessing 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 married patient S., 38 years old, came to the Family Planning Centre with a request to choose the most suitable contraceptive method for her. She has been sexually active since the age of 17. She has only one sexual partner - a man. 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. 7 years ago, she was treated for acute viral hepatitis B. Objective examination: general condition was satisfactory. Gynecological examination: the external genitalia are developed correctly, without inflammatory changes.

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

Answer: Voluntary surgical sterilisation.

Atypical test tasks:

1. A 38-year-old woman with two children came to see a doctor. She has a history of constant migraines, was operated for an ovarian tumour 2 years ago, has varicose veins of the lower extremities. What method of contraception should not be used in this case?
 - a. Voluntary surgical sterilisation.
 - b. IUD.
 - c. Condoms.
 - d. COC.
 - e. Spermicides
2. A woman with diabetes mellitus came to see a doctor to choose a contraceptive method. What contraceptive method should not be used in this case?
 - a. COC
 - b. IUD with copper.
 - c. Surgical sterilisation.
 - d. Condoms
 - e. Spermicides
3. A woman came to see a doctor to select a contraceptive method. She is 8 months postpartum breastfeeding. She has been menstruating for 2 months. What contraceptive methods can be used in this case?
 - a. Intrauterine device.
 - b. Progesterone contraceptive pills.
 - c. Condoms.
 - d. Spermicides
 - e. All of the above

The correct answers are: 1 - d; 2 - a, 3 - e.

3.2 Recommendations (instructions) for the implementations of tasks.

CLASSIFICATION OF CATEGORIES OF CONTRACEPTION METHODS USE DECIDED BY WOMEN'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.

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.

INPUT/OUTPUT ALGORITHM ON

Preparing for the introduction of the IUD

1. Tell the patient how the procedure will be performed and answer any questions she may have.
2. Provide sufficient lighting to see the cervix.
3. Wash your hands thoroughly with soap and water and dry them with a disposable paper towel.
4. Palpate the abdomen for tenderness or lumps, especially in the suprapubic region.
5. Examine the external genitalia.
6. Put on new disposable gloves on both hands.
7. Prepare instruments and materials on a sterile surface or in a container.
8. Insert the gynaecological mirror.
9. Examine the patient with a gynaecological mirror: - determine whether there are any vaginal injuries or abnormal vaginal discharge; - examine the cervix and urethra.
10. Carefully remove the mirror and place it on a tray or in the toolbox.
11. Perform a bimanual examination: - determine whether there is pain during cervical movement; - determine the size, shape and position of the uterus; - check for pregnancy; - palpate the appendages for tenderness, inflammation or tumours.
12. Perform a rectovaginal examination (if indicated): - determine the size of the uterus in retroversion (retracted) - check for any pathology.
13. Inform the woman what will be done and encourage her to ask and answer questions.

Non-contact method of insertion of the IUD

Prepare the IUD in a sterile bag: - partially open the part of the bag free of the IUD and fold its ends in different directions; - insert the white rod (plunger) into the applicator; - place the bag on a flat surface; - slide the identification card under the arms (horizontal parts) of the T-shaped applicator - hold the ends of the IUD arms with your fingers outside the bag and push the applicator forward so that the arms begin to bend downwards; - when the folded shoulders of the IUD touch the walls of the applicator, slightly slide it out from under the ends of the shoulders, while continuing to hold the shoulders with your fingers outside the bag; - lift the end of the applicator and grasp the ends of the spiral shoulders by gently turning and pushing it forward.

Introduction of the IUD (Copper T 380A)

1. Put on new disposable gloves on both hands.
2. Insert the gynaecological mirror to visualise the cervix.
3. Wipe the cervix and vagina with antiseptic twice.
4. Gently grasp the cervix with the bullet forceps.
5. Without touching the side walls of the vagina or the mirror, gently insert the uterine probe through the cervical canal into the uterine cavity in one motion.
6. Determine the length of the uterine cavity and the position of the uterus; remove the probe.
7. Take the bag with the refilled IUD and set the depth stopper to the required length without removing the IUD from the sterile bag, and then open the bag completely.
8. Remove the applicator with the IUD in it from the sterile bag without touching non-sterile surfaces; be careful not to accidentally push the VMC out with the white rod.
9. Carefully insert the loaded applicator through the cervical canal, holding it with the depth stopper in a horizontal position; insert it until it touches the cervix or resistance is felt.
10. Hold the bullet forceps and the white rod firmly with one hand and pull the applicator towards you with the other hand until it touches the thumb of the hand holding the white rod, thereby releasing the shoulders of the IUD ("pulling" technique).
11. Pull out the white rod and gently push the applicator forward until you feel a slight resistance.
12. Partially withdraw the applicator and cut the IUD threads, leaving them 3-4 cm long.
13. Pull the applicator out completely.
14. Carefully remove the bullet forceps.
15. Examine the cervix; if there is bleeding at the forceps site, apply a sterile piece of cotton or gauze to the bleeding area and press lightly and hold for 30-60 seconds.
16. Carefully pull out the mirror.
17. Wash your hands thoroughly with soap and water.
18. Make a note in the patient's medical record.

19. Dispose of the waste after insertion and removal of the IUD (used gauze, cotton wool, disposable gloves, etc.) in accordance with the requirements of applicable regulations.

Delete

1. Normally, removing the VMC is a simple procedure.
2. The healthcare professional complies with the relevant infection prevention requirements, usually this manipulation takes place on an outpatient basis.
3. The IUD is slowly removed by pulling the threads with a surgical clamp or tweezers. Scraping of the uterine cavity walls after IUD removal is contraindicated

3.3. Requirments for work results, including design.

- Provide counseling to women on contraception.
- Assess the patient
- Select a method of contraception for adolescents, women of reproductive age and in the postparum period.
- Oral report on the thematic patient.
- Analysis and discussion of the results of the patient`s examination.
- Multimedia presentation on the topic of the lesson (literature review using modern sources, videos).

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

Test tasks KROK-2:

1. **(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?

- A. Controlled ovarian hyperstimulation
- B. Prescribing combined oral **contraceptives***.
- C. The purpose of androgens
- D. Surgical intervention
- E. Prescription of gonadotropin-releasing hormone antagonists

2. **(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?

- A. Ultrasound **examination***.
- C. Ro-radiography of the pelvic organs

- C. Palpation of the mammary glands and squeezing out milk
- D. Two-handed vaginal examination
- E. Research with mirrors

PRACTICAL CLASS №4
TOPIC: "CONTRACEPTION FOR WOMEN OF DIFFERENT AGE CATEGORIES"

Aim: Master the features of counseling and learn how to choose a modern method of contraception for women of different age categories.

Basic concepts: Peculiarities of counseling sexually active persons under 18 years. Methods of contraception for teenagers. Peculiarities of counseling women in the perimenopausal period. Peculiarities of a woman's "transitional" period. Methods of contraception for women approaching menopause.

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

Requirements for the theoretical readiness of students to perform practical classes.

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 of sexually active persons under the age of 18;
- methods of contraception for teenagers;
- counseling of women in the perimenopausal period;
- peculiarities of a woman's "transitional" period;
- contraceptive methods for women approaching menopause.

Typical situational tasks:

1. Patient K., 15 years old, turned to a doctor in connection with the fact that she had started dating a young man. She already had sex with him. Wants to know how she can prevent unwanted pregnancy and STDs.

Answer: Using a condom.

2. Patient R., 18 years old, turned to the hospital about choosing a reliable method of contraception. She studies at a technical school and lives in a dormitory. She does not have regular sexual relations. The day before the consultation, she had unprotected sex. What are the doctor's actions?

Answer: Recommend to use emergency contraception, counseling on a permanent method of contraception and STD prevention.

3. A 47-year-old woman applied to the 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. Can she use postinor as a method of permanent contraception?

Answer: No, she can not use it.

Typical test tasks:

1. What are the requirements for contraceptive methods in adolescence?

- A. Reliable protection against STDs
 - B. Reliable protection against unwanted pregnancy
 - C. The method should be reversed
 - D. All of the above
2. Is it possible to use the method of voluntary surgical sterilization in adolescence?
- A. Optional
 - B. Sometimes
 - C. No
 - D. Always
3. What are the restrictions for the use of COCs by women of older age groups?
- A. Smoking and age.
 - B. Age characteristics.
 - C. Anatomical features.
 - D. Safety for health.
4. Is the fertility control method a reliable method of contraception for women of older age groups?
- A. Yes.
 - D. No.
 - C. Yes, if it is combined with the barrier method.
 - D. Sometimes, in some cases.

Correct answers: 1 – D; 2 – C; 3 – A; 4 – B.

2. Discussion of theoretical issues.

Question:

- Mechanisms of action of various contraceptives.
- Contraceptive / non-contraceptive advantages of different methods of contraception.
- Disadvantages of various methods of contraception.
- Peculiarities of counseling teenagers.
- Contraceptive methods which are acceptable for teenagers.
- What is the "double dutch" method of contraception?
- Peculiarities of counseling women in the perimenopausal period.
- Peculiarities of the course of the "transitional" period in women.
- Methods of contraception for women approaching menopause.

3. Formation of professional skills and practical abilities.

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

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 patient 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. 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:

- Make an examination plan.
- Conduct STD risk counseling.
- To inform about acceptable methods of contraception.
- Offer her a double method of contraception with the simultaneous use of condoms and COCs.
- To inform about methods of emergency contraception.
- Schedule the next visit.

2. Girl M., 15 years old, studies at school. She turned to the clinic because of the fear of pregnancy after several unprotected sexual acts with a new partner.

Task: Determine the doctor's action algorithm.

Answer:

- To examine the patient in order to exclude pregnancy.
- Conduct an STD examination.
- Conduct counseling on changing sexual behavior and a healthy lifestyle.
- Provide counseling on acceptable methods of contraception.
- Schedule a repeat consultation.

3. Lyudmila is 45 years old, has two adult children, turned to the women's consultation about choosing a method of contraception acceptable to her. Previously, she had irregular sexual relations and used condoms. Smokes up to 20 cigarettes a day. She denies somatic diseases. For the past 4 months, she has had a permanent partner with whom she plans to marry. The partner is 55 years old and has no plans to have a child together.

Task:

1. In what period of life is a woman?
2. What method can be offered to a woman?

Answer:

- The period of a woman's life is the end of the desired fertility.
- The choice of contraceptive method is made taking into account the state of health of the woman after a medical examination. A woman can be offered: IUD, injectable contraceptives, methods of voluntary surgical sterilization.

Non-typical test tasks:

1. Which of the listed methods of contraception are not recommended for teenagers?

- A. Emergency contraception
- B. Voluntary surgical sterilization
- C. Fertility recognition methods
- D. COC
- E. IUD

2. The double dutch method is:

- A. Use of IUDs and condoms.
- B. Insertion of IUD and taking COC.
- C. Taking COCs and using a condom.
- D. Use of a condom with spermicides.
- E. All answers are correct.

3. Maria, 42 years old, married, mother of one child, suffers from type I diabetes since childhood. She complains of pain in her legs, periodic swellings, uses long-acting insulin, 6 days have passed since the start of menstruation. Maria asked for advice about PS. What method of contraception is most acceptable for a woman?

- A. Depo-Provera.
- B. IUD "Mirena".
- C. Voluntary surgical sterilization
- D. Natural family planning methods.
- E. All of the above, except natural family planning.

Correct answers: 1 – B, 2 – C, 3 – E.

3.2 Recommendations (instructions) for the implementations of tasks.

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 teenagers and young people.	Teenage pregnancy is always unplanned. First of all, teenage pregnancy has a higher health risk, the younger they are (it is especially significant for 13-16-year-olds).	<u>Mandatory:</u> 1. Conduct counseling on healthy lifestyle, sex education, prevention of unplanned pregnancy and STDs. 2. 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: <u>Condom:</u> - protects against STIs/HIV;

		- use is simple and without a visit to the doctor; - has no side effects. COOK: - for young women who have a regular sex life and a permanent sexual partner; - does not protect against STD/HIV. <i>Double method</i>(simultaneous use of COCs with a condom). <i>IUD:</i> - do not offer to teenagers and young women who have not given birth and do not have one sexual partner; - does not protect against STD/HIV. <i>Fertility recognition methods:</i> - 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 STD/HIV. <i>Emergency contraception:</i> - high efficiency; - cannot be used as regular contraception, only for episodic use with irregular sexual life; - does not protect against STD/HIV.
2. 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	<u>Mandatory:</u> 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 state of health of a woman after a medical examination. 3. Counseling on ending the use of contraceptives (if a woman has had no menstrual bleeding for 12 consecutive months). <i>Combined hormonal contraceptives:</i> -in accordance to WHO recommendations, it is advisable to offer combined micro- and low-dose COCs of the latest generation.

	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).	<i>Contraceptives of the progestogen series:</i> - for women for whom the use of contraceptives containing estrogens is contraindicated; - do not offer DMP (depo-medroxyprogesterone) to women who are at risk of osteoporosis or have its manifestations. <i>Barrier methods and spermicides:</i> - effective methods of contraception for older women. <i>IUD:</i> - prefer the hormonal IUD, which has a protective and therapeutic effect.
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3.3. Requirments for work results, including design.

- Provide counseling to women on contraception.
- Assess the patient
- Select a method of contraception for adolescents, women of reproductive age and in the postparum period.
- Oral report on the thematic patient.
- Analysis and discussion of the results of the patient's examination.
- Multimedia presentation on the topic of the lesson (literature review using modern sources, videos).

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

Unusual situational tasks:

1. A 15-year-old girl had her first unprotected sexual intercourse. She sought medical help.

Task:

- What should be the doctor's algorithm of actions in this case?
- What examination should be carried out?

Answer: Algorithm of the doctor's actions:

- Examine the girl and determine the state of the genitals;
- Learn about the period of the menstrual cycle at the time of the incident, and then make a decision about the possibility of pregnancy or prevention;
- Counsel on safe sexual behavior and acceptable methods of contraception.
- Get tested for sexually transmitted infections.

2. Woman A, 42 years old, unmarried, often goes on long business trips. At home, he has a permanent sexual partner, although she occasionally has relationships with other men. During the examination, she was diagnosed with adenomyosis, and there are complaints about the presence of PMS.

Task:

- Determine which method of contraception is most appropriate in this case?
- What examination should be performed on a woman?

Answer:

- IUD with levonorgestrel and, if necessary, a condom.
- Conduct an STD examination.

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. 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*
- b. IN.Ro-graphy of the pelvic organs
- c. Palpation of the mammary glands and milk ejection
- d. Two-handed vaginal examination
- e. Speculum examination

PRACTICAL CLASS 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.

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

Requirements for the theoretical readiness of students to perform practical classes.

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.

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. A.To give comprehensive information about modern contraceptives.
 - b. B.Reassure the woman by saying that despite the abortion she remained healthy, that she can do without contraception.
 - c. C.Explain to the woman that in case of delayed menstruation and the presence of signs of pregnancy, she should consult a doctor.
 - d. D. Provide the patient with instructions on the rules for using the method.
 - e. E. Talk about severe side effects of contraceptives.

Correct answers: 1 - C; 2 – B; 3 – A.

2. Discussion of theoretical issues.

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.

3. Formation of professional skills and practical abilities.

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

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 Recommendations (instructions) for the implementations of tasks.

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 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, 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	<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: <i>Lactational amenorrhea method (LAM):</i> 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. <i>Contraceptives of the progestogen series:</i> - 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. <i>Intrauterine contraceptives:</i> - 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. <i>Combined oral contraceptives (COC):</i> - not recommended for women who are breastfeeding in the first 6

	(bleeding, anemia, infections); IUD and VSS do not affect the quantity and quality of breast milk (WHO 2012).	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	<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

	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 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.	after the abortion or within 7 days after the operation. <i>IUD(containing copper) or IUD (with levonorgestrel):</i> - 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. <i>Barrier methods(condoms, spermicides):</i> - since the resumption of sexual activity. <i>Fertility recognition methods:</i> - only after the restoration of the regular menstrual cycle. <i>Complicated abortion:</i> - you can use hormonal oral contraceptives, injection methods, condoms; - IUD and sterilization should be postponed until the complication is resolved. <i>Medical abortion:</i> - 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.
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3.3. Requirments for work results, including desigh.

- Provide counseling to women on contraception.
- Assess the patient
- Select a method of contraception for adolescents, women of reproductive age and in the postparum period.
- Oral report on the thematic patient.
- Analysis and discussion of the results of the patient`s examination.
- Multimedia presentation on the topic of the lesson (literature review using modern sources, videos).

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

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. A. Pregnant women.
- b. B. Women after abortion.
- c. C. Women with blood pressure > 140/90 mm Hg.
- d. D. Women with a history of stroke.
- e. 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. 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*
- 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. IN.Ro-graphy of the pelvic organs
- c. Palpation of the mammary glands and milk ejection
- d. Two-handed vaginal examination
- e. Speculum examination

PRACTICAL CLASS №6
TOPIC: "CONTRACEPTION FOR WOMEN WITH EXTRAGENITAL PATHOLOGY"

Aim: To systematize and deepen knowledge about modern methods of contraception for women with extragenital pathology and HIV. Learn the specifics of counseling women with extragenital pathology and HIV. Be able to draw up a plan for examining a woman before starting to use contraception, based on the characteristics of her pathological condition.

Basic concepts: Peculiarities of counseling women with extragenital pathology. Drawing up a woman's examination plan before starting to use contraception, based on the specifics of her pathological condition. Methods of contraception for women with extragenital pathology.

Peculiarities of counseling women with HIV. Methods of contraception in women with HIV.

The use of contraceptives for the most common extragenital pathology:

- Features of contraception in women with arterial hypertension
- Peculiarities of contraception in women with coronary heart disease
- Features of contraception in women with diseases of the liver and gall bladder (viral hepatitis, cholestasis, gallstone disease)
- Peculiarities of contraception in women with thyroid dysfunction.
- Features of contraception in women with diabetes.
- Features of contraception in women with damage to the heart valves.
- Features of contraception in women with varicose veins, deep vein thrombosis.

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

Requirements for the theoretical readiness of students to perform practical classes.

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 consult on the appointment of modern methods of contraception for extragenital pathology, HIV.

List of didactic units:

- consultation with the prescribing of contraception for women with arterial hypertension; coronary heart disease, with damaged heart valves;
- consultation with the prescribing of contraception for women with diseases of the liver and gall bladder (viral hepatitis, cholestasis, gallstone disease);
- counseling with the prescribing of contraception for women with the disturbed thyroid gland
- consultation with the prescribing of contraception for women with diabetes;

- consultation with the prescribing of contraception for women with deep vein thrombosis, varicose veins;
- consultation with the prescribing of contraception for women with HIV;
- medical criteria for the acceptability of the use of contraceptive methods (WHO);
- classification of categories of use of contraceptive methods depending on the state of health I am a woman (WHO);
- assessment of the patient;
- an examination is necessary, which is carried out in a planned manner before making a decision on the use of various methods of contraception.

Typical situational tasks:

1. 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 that the woman start using COCs after her next menstruation.

Task: Evaluate the correctness of the doctor's recommendations.

Answer: The doctor's recommendations are not correct.

2. The doctor of the women's consultation consulted the patient V. about changing the method of contraception. The patient is 26 years old, has been using IUD for 4 years, among extragenital diseases is anemia of the 1st degree. The doctor of the women's consultation recommended removing the IUD, considering the presence of anemia, and starting the use of COCs.

Task: Assess the correctness of the doctor's recommendations.

Answer: The doctor's recommendation is correct.

Typical test tasks:

1. When counseling patients with diabetes, what types of contraception can be used, except:

- a. IUD with copper
- b. Barrier methods
- c. Hormonal contraception
- d. Voluntary surgical sterilization
- e. The method of lactational amenorrhea

2. Women with arterial hypertension are contraindicated:

- a. Barrier methods
- b. COCs
- c. Copper-containing IUD
- d. Voluntary surgical sterilization
- e. Calendar method

3. What contraceptives can cause arterial thrombosis in hypertension?
- Spermicides
 - COCs
 - Copper-containing IUD
 - Condoms
 - Intrauterine device with levonorgestrel
4. Women suffering from damage to the heart valves should not be prescribed:
- Barrier methods.
 - IUD with copper.
 - The method of lactational amenorrhea.
 - Hormonal methods
 - Voluntary surgical sterilization
5. Women with liver disease should not be prescribed:
- COCs
 - Barrier methods.
 - Voluntary surgical sterilization
 - Natural methods of family planning
 - The method of lactational amenorrhea.
6. Women with coronary heart disease can be prescribed contraceptive methods, except for:
- IUD with copper
 - Natural methods of family planning
 - Voluntary surgical sterilization
 - Barrier methods
 - Hormonal methods of contraception
7. Women with varicose veins, deep vein thrombosis should not be prescribed:
- Barrier methods
 - The method of lactational amenorrhea.
 - Hormonal methods of contraception
 - Calendar method
 - IUD with copper

Correct answers: 1-c, 2-b, 3-b, 4-d, 5-a, 6-e, 7-c.

2. Discussion of theoretical issues.

Question:

- Methods of contraception for women with arterial hypertension; coronary heart disease, with damage to the heart valves;
- Methods of contraception for women with diseases of the liver and gall bladder (viral hepatitis, cholestasis, gallstone disease);

- Methods of contraception for women with disorders of the function of the thyroid gland;
- Methods of contraception for women with diabetes;
- Methods of contraception for women with deep vein thrombosis, varicose veins;
- Methods of contraception for women with HIV;
- Medical criteria for the acceptability of using contraceptive methods (WHO);
- An examination is necessary, which is carried out in a planned manner before making a decision on the use of contraception in women with extragenital pathology, HIV.

3. Formation of professional skills and practical abilities.

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

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:

I subgroup - collection of anamnesis, assessment of the patient

II subgroup - counseling of a patient with extragenital pathology, HIV 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. HIV-positive woman, 34 years old. The duration of HIV disease is 8 years. There are 2 births by caesarean section in the anamnesis. Children are healthy. After the last delivery, she receives ART for 2 years. The last time the viral load was determined 3 months ago - 2000 copies/μl. She had pneumonia 6 months ago. During the examination, oral and vaginal candidiasis is noted. She complains of nausea, sometimes vomiting and heavy menstruation for the last six months. I came to consult about the method of contraception.

Task: What method of contraception is most acceptable for a woman?

Answer: The most acceptable method is a condom.

2. The doctor of the women's consultation consulted the patient K. regarding the choice of a method of contraception. The patient is 33 years old, the menstrual cycle is not regular, height 162 cm, weight 65 kg, blood pressure 145/90, does not smoke, does not drink alcohol, extragenital diseases - vegetative-vascular dystonia of the hypertensive type. The doctor of the women's consultation recommended the use of COCs to the woman in connection with an irregular menstrual cycle.

Task: 1. Assess the correctness of the doctor's recommendations.

2. What side effects can occur when using this method of contraception?

Answer: 1. The doctor's recommendations are incorrect.

2. Amenorrhea, nausea/dizziness/vomiting, irregular bleeding, smearing discharge, increased blood pressure ($\geq 149/90$), headache, mood swings or libido disorders.

3.2 Recommendations (instructions) for the implementations of tasks.

CLASSIFICATION OF CATEGORIES OF THE USE OF CONTRACEPTION METHODS DEPENDING ON THE STATE OF HEALTH OF A WOMAN (WHO, 2009)

According to this classification, various methods of contraception are evaluated in terms of the health risk-benefit ratio of their use in the presence of certain conditions.

Concept "**state**" is defined as a reflection of the individual characteristics of a woman (for example, age or reproductive history) and established somatic diseases.

Conditions that affect the permissibility of using each individual method of contraception belong to one of the following categories:

Categories

1– a condition for which there are no contraindications to the use of this method of contraception;

2– a state in which the expected benefit from using this method of contraception generally exceeds 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.

The meaning of categories "1" and "4" does not require explanation.

Category "2" means that this method of contraception is allowed to be used, but careful monitoring by a doctor is necessary.

Category "3" means that this method is not recommended except in situations where more suitable contraceptives are not available or their use is unacceptable to the patient. The method can be recommended only after a thorough clinical examination, taking into account the severity of the condition and the acceptability of alternative methods of contraception, and on the condition that there is access to appropriate medical services. The patient's state of health must be under the special control of a doctor.

By conditions of the impossibility of conducting a clinical examination in the appropriate volume, the woman's condition belongs to the category "3" means that the use of this method of contraception by this woman is unacceptable.

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 (class A, B, 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.

Kind	C O C s	E C	P O I C s	I U D	C o n d o m s	C e r v i c a l c a p s	Con trac epti ves for loca l use	Fe m a l e s t e r i l i z a t i o n	Vasec tomy
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****

*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.

Contraception in the most common extragenital diseases

Features of contraception in women with liver and gall bladder disease (viral hepatitis, cholestasis, gallstone disease)

- COCs can cause an increase in the risk and course of diseases of the gallbladder and liver;
- the hormonal skin patch and vaginal ring may cause a slight increase in the risk of gallbladder disease and worsen the condition of current gallbladder disease;
- with cirrhosis of the liver: estrogens and progestogens are metabolized in the liver, so their use may adversely affect the condition of women;
- barrier methods of contraception, IUD, voluntary surgical sterilization can be used without restrictions.

Features of contraception in women with thyroid dysfunction (simple goiter, hyperthyroidism, hypothyroidism)

- With such violations, the use of any methods of contraception is not limited, it is possible to use hormonal methods, barrier methods, IUDs, voluntary surgical sterilization.

Features of contraception in women with diabetes

- when using COCs, the main concerns are related to vascular diseases accompanying diabetes and the additional risk of arterial thrombosis;
- the use of an intrauterine system containing copper does not increase the risk of infectious complications;
- during surgical sterilization, the risk of developing surgical complications, anesthesia, and wound healing increases.

Peculiarities of contraception in women with lesions of the heart valves

- women need to take long-term drugs that reduce blood coagulation, the use of COCs can further increase the risk of arterial thrombosis.
- women with complicated heart lesions are at the greatest risk of using hormonal contraception;

- there is a danger of infection of the urinary tract when using female condoms, diaphragms, which is an increased risk for women suffering from subacute bacterial endocarditis.
- barrier methods of contraception (male condoms, spermicides), IUDs containing copper and voluntary surgical sterilization can be used without restrictions.

Peculiarities of contraception in women with coronary heart disease

- it is worth avoiding the increased risk associated with the use of COCs and other hormonal methods;
- surgical sterilization has practically no contraindications, but there is an increased risk of developing complications associated with anesthesia and direct surgical intervention;
- barrier methods of contraception and IUDs containing copper have no restrictions on their use.

Features of contraception in women with arterial hypertension

- women with hypertension should avoid the increased risk of arterial thrombosis associated with the use of hormonal methods;
- when using an intrauterine system with levonorgestrel for these women, the influence of levonorgestrel on the lipid spectrum of the blood is theoretically not excluded;
- there are no restrictions for copper-containing IUD and barrier methods. However, they are less reliable, which should be considered in particularly difficult cases;
- the method of surgical sterilization is limited only in connection with its irreversibility.

Features of contraception in women with superficial thrombosis, deep vein thrombosis, varicose veins

- the possible development of hypercoagulation limits the use of hormonal methods in such women;
- a detailed anamnesis deserves special attention, some conditions that increase the risk of thromboembolic complications are hereditary;
- barrier methods of contraception, IUD or voluntary surgical sterilization can be used without special restrictions

Peculiarities of contraception in women with HIV

- with an unplanned and unwanted pregnancy, the risk of HIV transmission from mother to child increases;
- termination of pregnancy increases the risk to a woman's health;
- when choosing a method, one should take into account the advantages for a woman, concomitant diseases and the use of antiretroviral therapy;
- special attention during counseling should be given to STI/HIV issues;

- since condoms are the only method of contraception that has been proven to protect against the transmission of STIs/HIV, during counseling it is necessary to recommend regular and correct use of condoms;
- for women taking antiretroviral therapy, the use of hormonal contraception is possible, it does not affect the safety and effectiveness of ART, however, the effectiveness of some hormonal contraceptives (especially estrogen-containing) is reduced against the background of ART. A number of ART drugs (nevirapine, protease inhibitors) moderately reduce the level of estrogens in the blood and increase the level of progestogens;
- natural methods are characterized by a high failure rate compared to other methods of contraception, so they should not be used by HIV-positive women;
- the method of lactational amenorrhea is not recommended, it should be recommended to exclude breastfeeding as a risk factor for HIV transmission from mother to newborn;
- there are no contraindications for voluntary surgical sterilization in women with early stages of HIV infection, with late stages, surgical intervention may be associated with an increased risk of infectious complications, so the issue is decided individually.

3.3. Requirments for work results, including design.

- Provide counseling to women on contraception.
- Assess the patient
- Select a method of contraception for adolescents, women of reproductive age and in the postparum period.
- Oral report on the thematic patient.
- Analysis and discussion of the results of the patient`s examination.
- Multimedia presentation on the topic of the lesson (literature review using modern sources, videos).

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

Non-typical test 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. Can COC be recommended to a woman?
 - a. Yes
 - b. No
 - c. After additional examination
 - d. After determining the woman's pressure
 - e. At any moment, at the request of the woman

2. A 35-year-old woman, who has given birth twice, came to see a doctor. He has a history of constant migraines, has thrombophlebitis of the right lower limb. What method of contraception cannot be used in this case?

- a. Voluntary surgical sterilization.
- b. IUD
- c. Condoms
- d. COCs
- e. Spermicides

3. A 34-year-old HIV-positive woman consulted a doctor for a woman's consultation regarding the selection of a contraceptive method, had a history of 1 childbirth, 5 years ago, is taking antiretroviral therapy, and has further reproductive intentions. Which method is most appropriate in this case?

- a. Natural methods.
- b. Voluntary surgical sterilization
- c. Hormonal contraception
- d. Barrier method (condom)
- e. Spermicides

Correct answers: 1 – b; 2 –d; 3 -d.

Test tasks KROK-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 speculum: 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. Speculum examination

PRACTICAL CLASS №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.

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

Requirments for the theoretical readiness of students to perform practical classes.

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 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.

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: 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.

2. Discussion of theoretical issues.

- Stages of family planning counseling.
- Features of initial (primary) counseling.
- Features of counseling on a specific method of contraception.
- Features of counseling on the further use of a method of contraception
- Psychological barriers to counseling and their prevention.
- Periods of life with the risk of unplanned pregnancy.
- Assessment of the patient for the provision of 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 in accordance with the periods of a woman's life.

3. Formation of professional skills and practical abilities.

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 surgical 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 (instuctions) for the implementations of tasks.

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	POLCS	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 contraception for women in	The key issues of postpartum contraception are the beginning of the period of prevention of unplanned pregnancy and the effect of the method of	Mandatory: 1. To provide counseling on the peculiarities of the course of the postpartum period and the use of family planning methods.

the postpartum period	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).	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. After an uncomplicated abortion in the first trimester, all methods of contraception are suitable.	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 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. <u>Complicated abortion:</u> you can use hormonal oral contraceptives, injection methods, condoms; IUD and sterilization should be postponed until the complication is resolved. <u>Medical abortion:</u> 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 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)	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: • abstinence from sexual intercourse.

3.3. Requirements for work results, including design.

- Provide counseling to women on contraception.

- Assess the patient
- Select a method of contraception for adolescents, women of reproductive age and in the postpartum period.
- Oral report on the thematic patient.
- Analysis and discussion of the results of the patient's examination.
- Multimedia presentation on the topic of the lesson (literature review using modern sources, videos).

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 KROK-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. Speculum 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 studies before using a contraceptive in) 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.

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
2. 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

3. Clinical obstetrics and gynecology: 4th edition/Brian A. Magowan, Philip Owen, Andrew Thomson. - 2021. - 454 p.
4. Medical acceptance criteria for the use of contraceptive methods: 5th edition. Guidelines.-Geneva: World Health Organization; 2015
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.
6. 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.
7. 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. 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).
2. 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.
3. 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/>