

Note: Factors to be assessed before administering oxytocin:

- The patient's pregnancy history and medical history
 - Gestational age of the fetus
 - Estimated fetal weight
 - The fetal presenting part
 - The adequacy of the pelvis
 - The cervical status
 - Clinical facilities are adequate to act in emergency
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- *Gastrointestinal:* Nausea and vomiting
 - *Genitourinary:* Pelvic hematoma, uterine hypertonicity, tetanic contraction of the uterus, uterine rupture, uterine spasm
 - *Hematologic:* A fibrinogenemia (fatal)
 - *Other reactions:* Anaphylactic reaction, subarachnoid hemorrhage, severe water intoxication with convulsions, coma and death is associated with a slow oxytocin infusion over 24 hrs.

Fetal/Neonatal

- *Cardiovascular:* Arrhythmias (including premature ventricular contractions), bradycardia
- *Central nervous system:* Brain or CNS damage, neonatal seizure.
- *Hepatic:* Neonatal jaundice
- *Ocular:* Neonatal retinal hemorrhage
- *Others:* Low Apgar score, fetal death.

Contraindications

- Hypersensitivity to oxytocin
- Significant cephalopelvic disproportion
- Malposition's and malpresentations
- Fetal distress
- Hypertonic or hyperactive uterus
- Vaginal deliveries in case of active genital herpes
- Invasive cervical cancer
- Cord presentation, prolapse of the cord
- Vasa previa or placenta previa
- Obstetrical emergencies where surgical interventions are needed.

effects of spermicides may also be possible if fewer condom breakages occur. However, no trials have compared contraceptive effectiveness of condoms used alone versus condoms used with vaginal spermicide (Warner L, Steiner MJ male condoms, 2011).

Strategies for promoting effective condom use

1. **Effective use of condoms depends on the skill level and experience of the user.**
2. **Emphasize that condoms should be used with every coital act.**
3. **Instruct the client on use:** Encourage inexperienced clients to practice using condoms on a model of a penis.
4. **Inform the client to use the condom during the entire sexual act.**
5. **Discuss what to do if a condom slips or breaks:** Emergency contraception, now available over the counter without a prescription, can be used as a back-up method against pregnancy in case a condom breaks or falls off.
6. **Discuss use of lubricants and medications:** Clients should be aware of whether products they use (lubricants, medications) condoms contain oil. Spermicides are water-based. Other vaginal medications, however, often contain oil-based ingredients that can damage latex condoms.

Use of condoms

- An elective contraceptive method
- As an interim form of contraception during pill use, following vasectomy operation and if an IUD is thought to be lost until a new IUD can be fitted.
- During the treatment of trichomonal vaginitis of the wife, the husband should use it during the course of treatment.
- Immunological infertility—male partner to use for three months.

Advantages

- Cheap and no side effects
- Simple to use and easily disposable.
- Protection against STD and pelvic inflammatory diseases (PIDs).



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Intrauterine Contraceptive Device

Intrauterine contraceptive device is a small device which is often in a 'T' shape containing copper or levonorgesterol and this is inserted into the uterus.

There are several terms used for intrauterine contraception like "intrauterine device, progestin containing device". Intra-uterine device is a small device that fits inside the woman's uterus, which cannot be felt or tell it is in there, however, its presence can be checked only by assessing the thread which is felt in the vagina.

History of origination of intrauterine contraceptive device

- Dr Richard Richter from Poland invented an intrauterine ring in 1990.
- Dr Ernst Grafenberg modified the ring for IUD to a coiled metal wire with silk worm gut and silver wire in 1920–1929
- Dr Ota made a ring of gold or gold plated silver in 1934.
- Mr Herbert introduced a stainless steel ring in 1949.
- Dr Lazar Margulies invented plastic coil containing barium sulfate in 1960
- Jack Lippies brought Lippes loop made of polyethylene with barium sulfate and nylon thread hanging into the market in 1962
- Mr Zipper and Tatun introduced copper T and Copper 7 in 1969.

Types of Intrauterine Devices

I. Devices classified based on their shape

1. *Closed device*: It is a Grafenberg ring and Birnberg bow type of device.



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Emergency Contraceptive Pills

Emergency contraception is also known as postcoital contraception. It is not a primary contraceptive measure for routine use but it just for backup use.

Indications: Women who had:

- Recent unprotected intercourse
- Sexual assault/rape
- Contraceptive failure or incorrect use, including:
 - Break in a condom or not used correctly.
 - Missed oral contraceptive pills more than three times
 - Displacement, break or tearing of the diaphragm or cervical cap
 - Failure in using withdrawal technique
 - Wrong calculation of the fertile and non-fertile days.
 - IUCD or if hormonal contraceptive implant has expelled.

Different methods of emergency contraceptives

Mainly there are two methods of emergency contraception:

1. Emergency contraceptive pills.
 2. Intrauterine device which bears copper.
1. Emergency contraceptive pill:

The recommended pill according to the WHO is:

- Levonorgestrel 1.5 mg to be taken within 120 hours or five days of an unprotected sexual intercourse. It must be used only if there is an emergency like unprotected sex, contraceptive failure/misuse and rape. This method is not useful if a pregnancy is established.