



Flash cards for Family Planning Counselling



Family Health Bureau - 2024



**Simple clear language should be used,
when using these flash cards for counselling clients.**

Refer clients to Service Delivery Points (SDP) such as;

- 1. Office of the Medical Officer of Health (MOH Office)**
- 2. Area Public Health Midwife (PHM)**
- 3. Government family planning clinics (in hospitals, MOH offices and in the field)**
- 4. Estate family planning clinics**
- 5. Family planning clinics run by NGO's (e.g. Family Planning Association)**
- 6. Private hospitals and private medical centres**

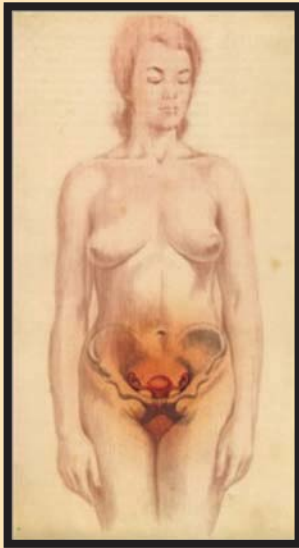
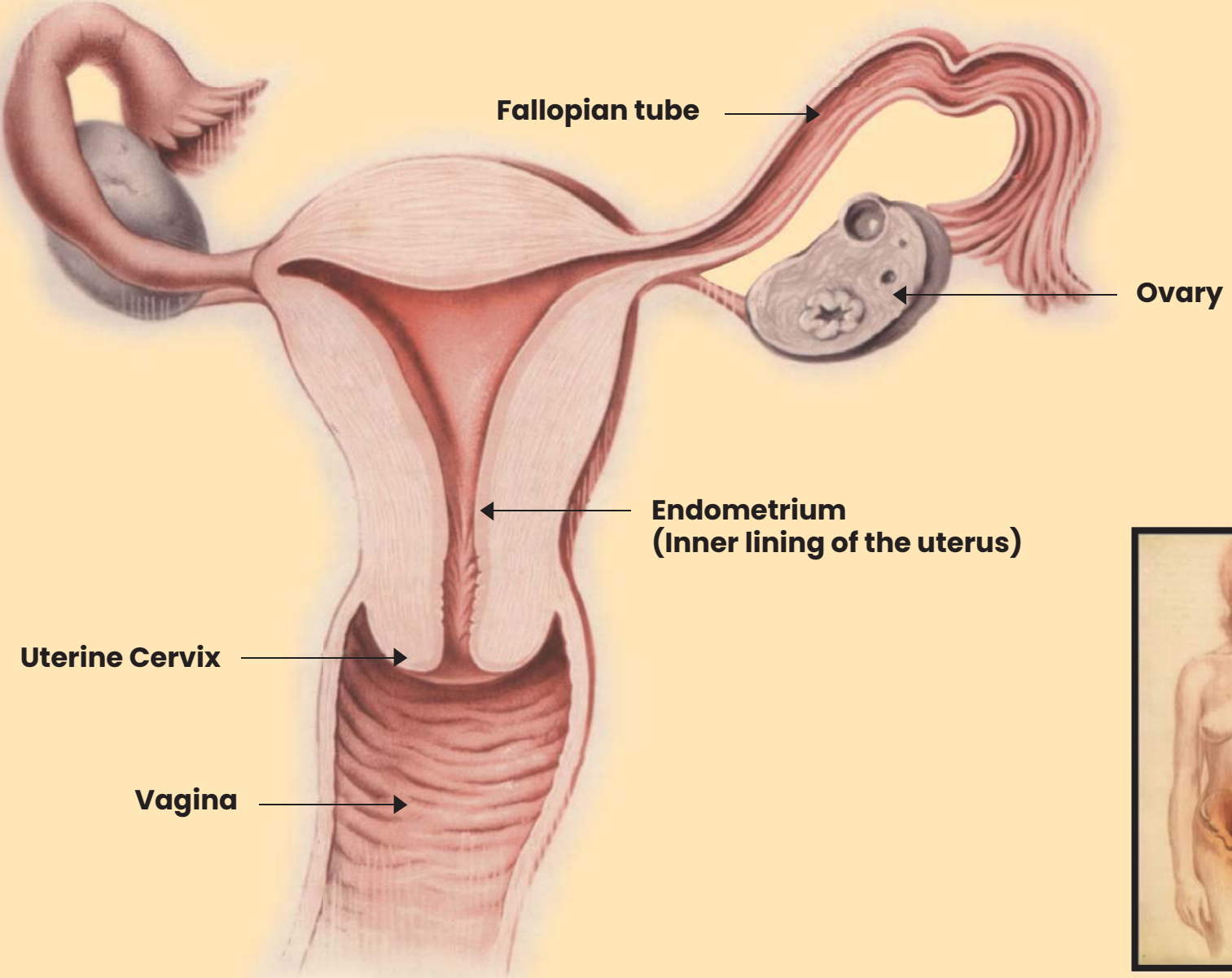
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Female reproductive system

- 1. The ovaries, fallopian tubes, uterus and vagina are located in the pelvic cavity**
- 2. Deposition of sperms during intercourse, flow of menstrual blood and birth of a child all occur through the vaginal canal**
- 3. The size of the uterus is usually that of a clenched fist. During pregnancy the uterus enlarges with the growth of the foetus**
- 4. An ovary is usually the size of an olive**
- 5. The two ovaries produce ova and female reproductive hormones, oestrogen and progesterone.**
- 6. At birth there are about 1-2 million immature Ova in the ovaries. A large number of Ova are destroyed over time**
- 7. At the time of menarche there about 400,000 ova**
- 8. With each menstrual cycle;**
 - a) Several of these immature ova grow and become mature**
 - b) Some of them are destroyed**
 - c) Usually, one ovum fully matures and leaves the ovary. This is called ovulation**
- 9. The ovum thus released travels along the fallopian tube towards the uterus**
- 10. One ovum is released alternatively from each ovary once a month. This happens about 14 days before the next menstrual cycle**

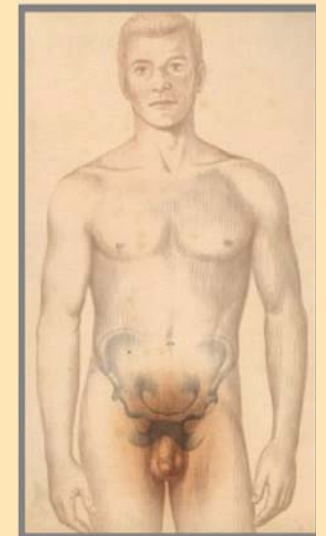
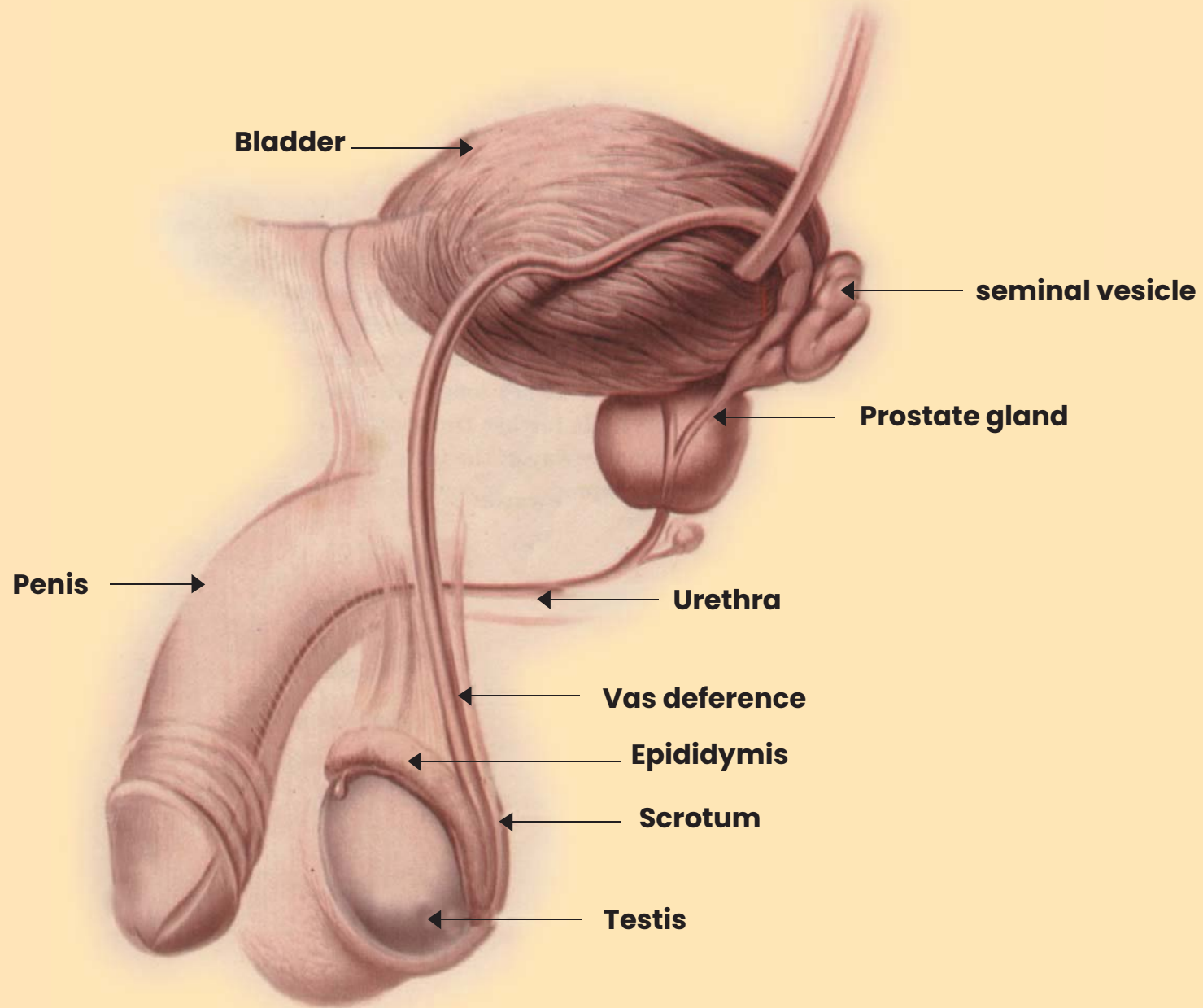
Female reproductive system



Male reproductive system

- 1. The penis, the two testes and epididymis (within the scrotal sac) are located outside the pelvic cavity while the vas deferens, seminal vesicles and prostate gland are placed inside the pelvic cavity.**
- 2. Sperms are produced in the testes and stored in the epididymis**
- 3. During ejaculation, sperms and secretions from the seminal vesicles and the prostate gland come out of the urethra as seminal fluid (Semen)**
- 4. Around 300 million sperms are released during one ejaculation**
- 5. Ejaculated sperm remain viable up to 5 days in the female reproductive tract**

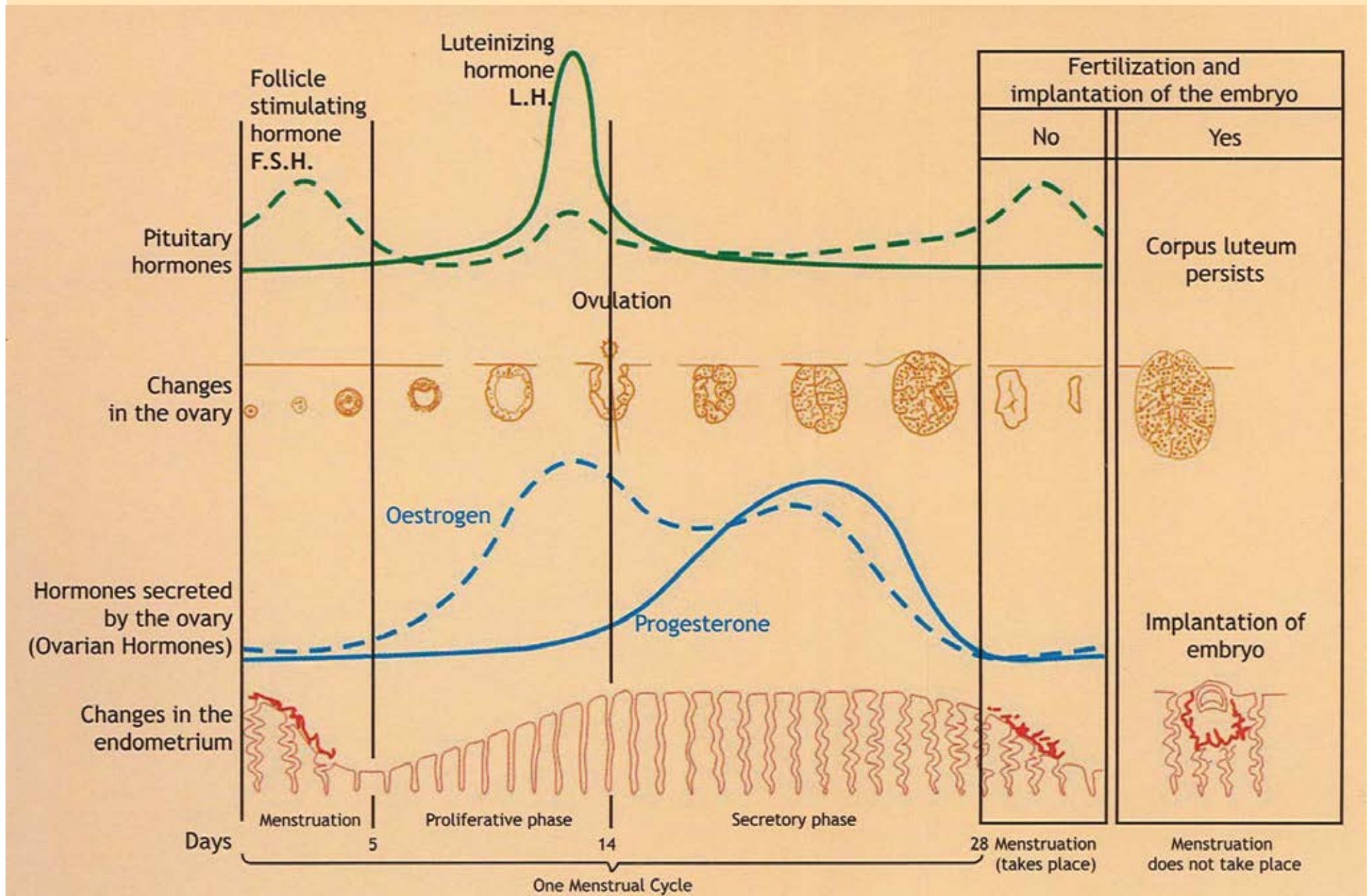
Male reproductive system



Menstrual cycle & its hormonal activity

- 1. Menstrual process occurs from menarche to menopause**
- 2. The menstrual cycle is controlled by two hormones - Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH) which are produced by the pituitary gland**
- 3. The female reproductive hormones (Oestrogen and Progesterone) are secreted by the ovaries under the influence of the pituitary hormones**
- 4. During the first half of the menstrual cycle, the inner lining of the uterus (Endometrium) grows under the influence of estrogen hormone ('Proliferative phase')**
- 5. During the second half of the menstrual cycle, blood supply and the secretions of the inner lining of the uterus increases mainly under the influence of the Progesterone hormone ('Secretory phase').**
- 6. If the ovum does not get fertilized the inner lining of the uterus gets separated and menstruation occurs.**
- 7. This process is called menstruation (Periods)**
- 8. If the ovum gets fertilized, it gets implanted in the uterine wall and grows as the foetus**

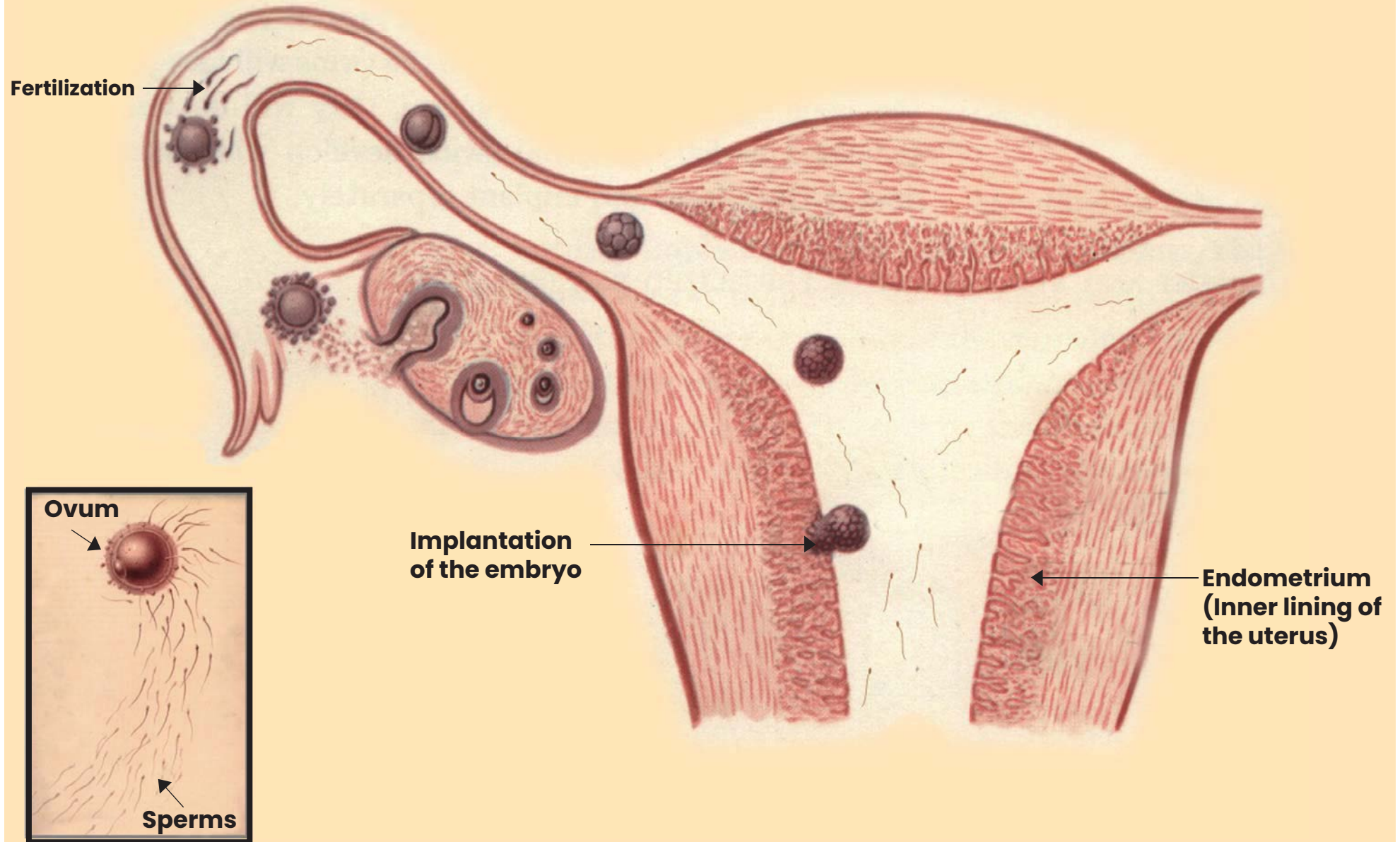
Menstrual Cycle and the function of the hormones



Fertilization of the ovum and its implantation in the uterus

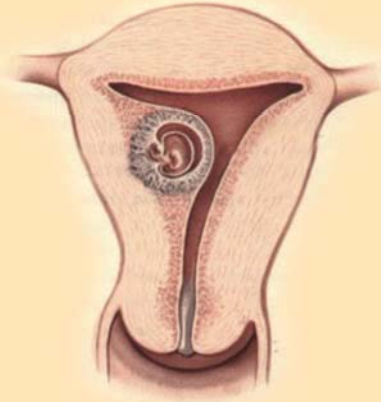
- 1. The sperms deposited in the vaginal canal travel through the uterine cervix and uterine cavity to the fallopian tubes.**
- 2. The union of a sperm and ovum usually occurs in the lateral half of the fallopian tube and is called 'fertilization (also known as Conception)**
- 3. The fertilized ovum (Zygote) while undergoing division travels along the fallopian tube towards the uterine cavity**
- 4. The developed zygote comes to the uterine cavity and gets embedded (implanted) in the uterine wall.**

Fertilization of the ovum and its implantation



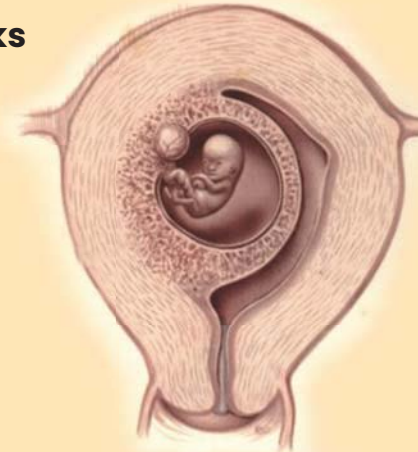
Growth and development of the foetus

6 weeks



The fertilized ovum (developed zygote) which is implanted in the uterine wall develops as the foetus

8-10 weeks



The embryo is nourished by the placenta and grows gradually

12-14 weeks



The embryo is about 11 cm and most of the organs are formed

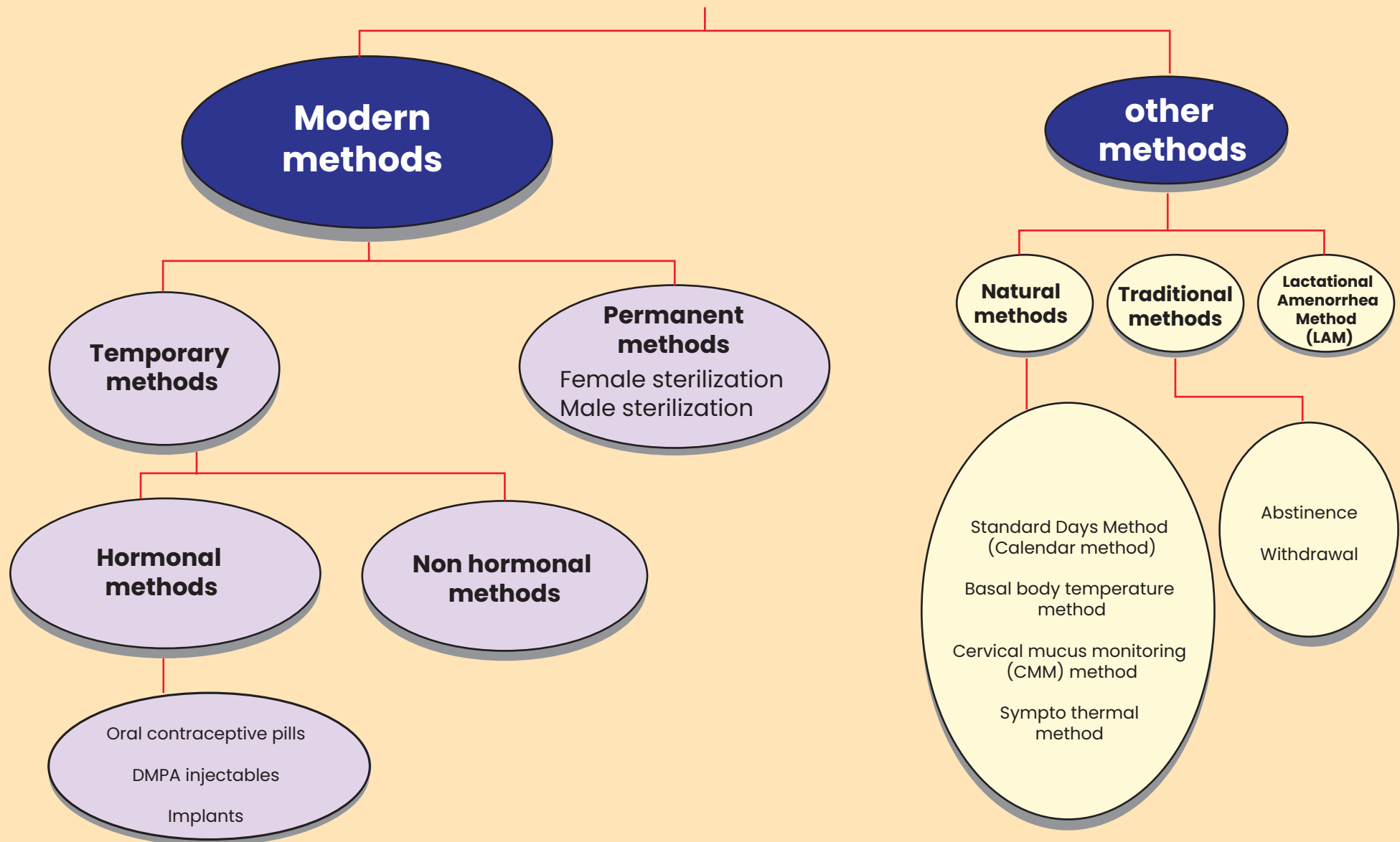
24 weeks



The foetus is 30 cm in length. By this time all the organs are differentiated and formed

Here are some of the family planning methods currently used

Family planning methods



Oral Contraceptive Pills (OCP)

- 1. One packet contains 28 tablets. The first 21 pills (light coloured pills) contain hormones, (oestrogen and progestin). The remaining 7 pills contain iron.**
- 2. Oral pills prevent conception by inhibiting ovulation, increasing thickness of cervical secretions thereby obstructing the sperms entering the uterus and making the uterine wall unsuitable for implantation.**
- 3. oral pills should be commenced within the first 5 days of menstruation. The first tablet should be taken as indicated on the back of the pill pack.**
- 4. Breastfeeding mothers can commence taking oral pills six months after delivery. Alternative contraceptive methods should be used during the first six months.**
- 5. Take one pill per day as indicated by the arrows until all the pills in the pack (including the iron tablets) are all taken.**
- 6. Continue to take the oral pills in a new pack starting from the pills containing hormones from the day after taking all the iron pills of the previous pack.**
- 7. The pill should be taken at the same time of each day.**
- 8. The daily intake of oral pills in the correct manner will ensure an effectiveness of 99.7%.**
- 9. Fertilization process becomes normal without delay after taking oral pills are stopped.**
- 10. When pills are used for the first time, minor side effects such as headache and nausea may occur in the first few days and disappear with time. Taking the pill after dinner can reduce these minor side effects considerably.**
- 11. Keep the pills in a cool dry place within easy reach but, out of the reach of children.**

Oral Contraceptive Pills

Packet of oral contraceptives

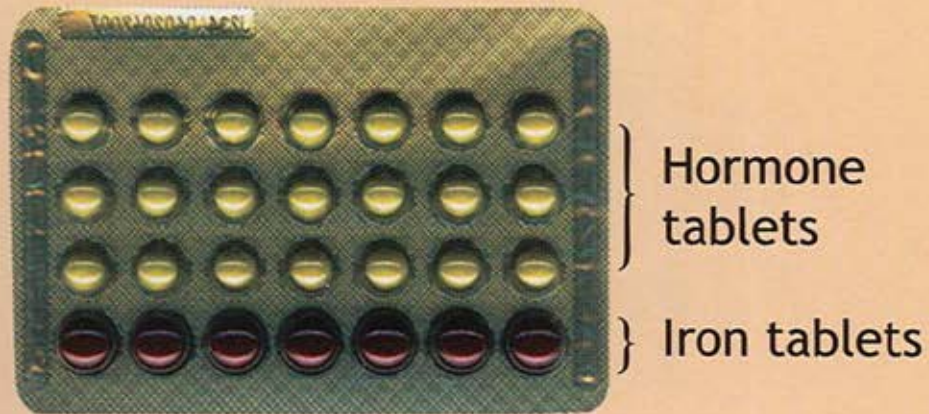


Fig 1 : Front view of the packet

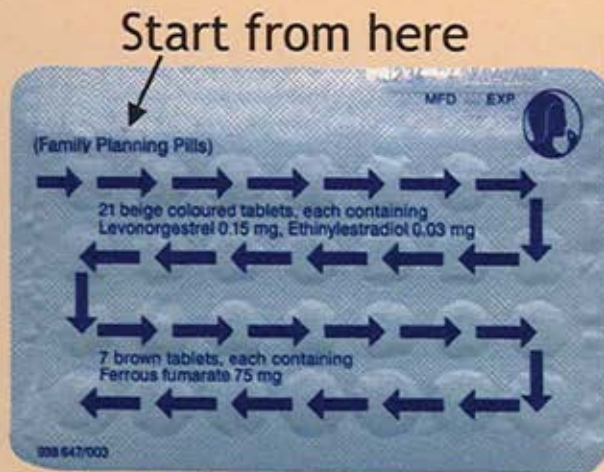


Fig 2 : Back view of the packet



Managing Missed Pills

If taking one or two pills are missed or the starting of a new pack is delayed by one or two days

- A hormonal pill should be taken as soon as possible
- The pill prescribed for the day should also be taken as scheduled (i.e. two pills on this day)
- After that one pill should be taken daily as prescribed

If taking three or more hormone pills are missed in the first or second week (in the first or second line on the pill pack) or, starting a new pack is delayed by three or more days

- A hormonal pill should be taken as soon as possible
- The pill prescribed for the day should also be taken as scheduled (i.e. two pills on this day)
- After that one pill should be taken daily as prescribed
- Use condoms or abstain from sexual intercourse for the next seven days
- If she has had intercourse within the previous five days, use emergency contraceptive pills

If taking three or more hormone pills are missed in the third week (third row of the pill pack)

- A hormonal pill should be taken as soon as possible
- The pill prescribed for the day should also be taken as scheduled (i.e. two pills on this day)
- After that one pill should be taken daily as prescribed
- Finish all hormonal pills in the pack, throw away the iron containing pills
- Start a new pack the next day
- Use condoms or abstain from sexual intercourse for the next seven days
- If she has had intercourse within the previous five days, use emergency contraceptive pills

If one or more non hormonal (iron) pills are missed

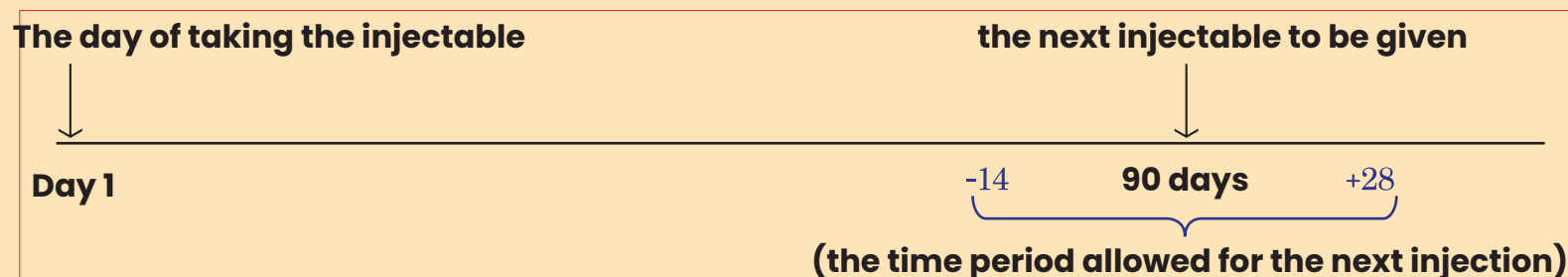
- Discard the missed iron pill/s from the pack
- Take the remaining iron pills, one per day
- Start a new pack as usual after finishing the iron pills

If vomiting occurred within two hours of taking the pill

- Take another pill as soon as possible
- Then take the pills as usual
- If vomiting or diarrhoea persists for two or more days, follow the instructions given above under "If taking three or more hormone pills are missed in the first or second week"

Injectables (DMPA)

1. Contains the hormone progestin
2. It prevents conception by inhibiting ovulation, increasing thickness of cervical secretions thereby obstructing the sperms entering the uterus and making the uterine wall unsuitable for implantation.
3. It is very important to obtain information regarding any history of allergies before giving the injectable
4. This method should be commenced preferably within 7 days of onset of menstruation
5. Injectables can be commenced 6 weeks after child birth
6. This injectable should be repeated once in 90 days. (The 2nd injectable can be taken 14 days prior or 28 days after the due date – as shown below)
7. Obtaining an injectable every 90 days would ensure an effectiveness of 98.9%
8. Minor side effects in women taking the DMPA injection may include changes in menstrual cycle (absence of periods, irregular bleeding, decreased menstrual flow and irregular periods) and, body weight changes.
9. Fertility usually returns about 10 months after stopping the last injectable.



Injectables (DMPA)



DMPA vial



Hormonal Implants

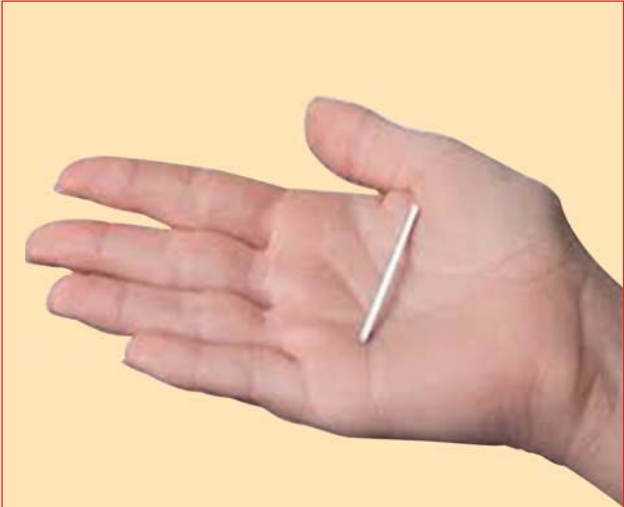
- 1. Hormonal implants are thin rods containing long-acting progestin hormone**
- 2. Progestin hormone prevents conception by inhibiting ovulation, increasing thickness of cervical secretions thereby obstructing the sperms entering the uterus and making the uterine wall unsuitable for implantation.**

Implants that are currently used in Sri Lanka are:

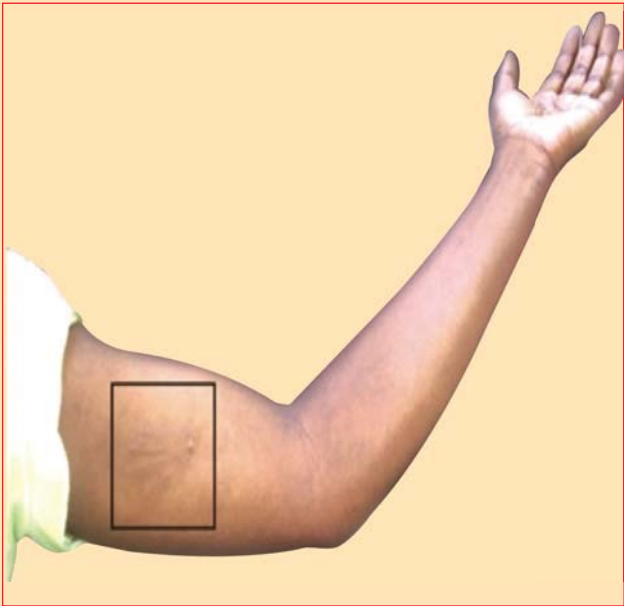
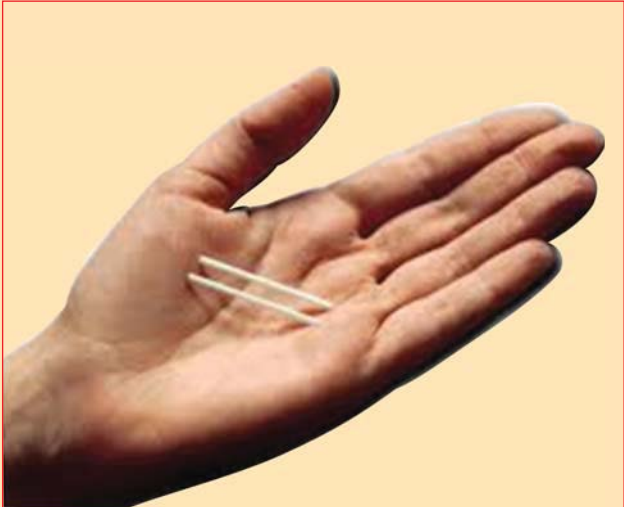
- i. Single rod implant - protects against an unwanted pregnancy up to three years**
 - ii. Two rod implants- protects against unwanted pregnancy up to three or five years depending on the brand name**
- 3. Implants containing progestin hormone are inserted by a trained medical doctor, under the skin on the inner side of the non-dominant upper arm of the client through a small incision.**
 - 4. Implants should be removed at the end of the active period. If necessary, another implant can be re-inserted**
 - 5. Hormonal implants can be implanted repeatedly without a problem for a long period of time.**
 - 6. The single rod implant should be inserted within five days after the commencement of menstruation**
 - 7. The two-rod implant should be inserted within seven days after the commencement of menstruation**
 - 8. Implants can be inserted immediately after child birth (immediate post-partum)**
 - 9. Implants can be also inserted within six months to a post-partum woman who is breast feeding and not had her menses.**
 - 10. Implants can be inserted within 7 days after an abortion**
 - 11. Clients who have inserted implants may experience changes in the menstrual bleeding (spotting or irregular bleeding, heavy bleeding, amenorrhoea) and excessive weight gain.**
 - 12. The effectiveness of implants is around 99.9%**
 - 13. The implant can be easily removed at a family planning clinic whenever a couple decides to have a child**
 - 14. The return to fertility is immediate after removal of the implants**

Hormonal Implants

Single rod implant



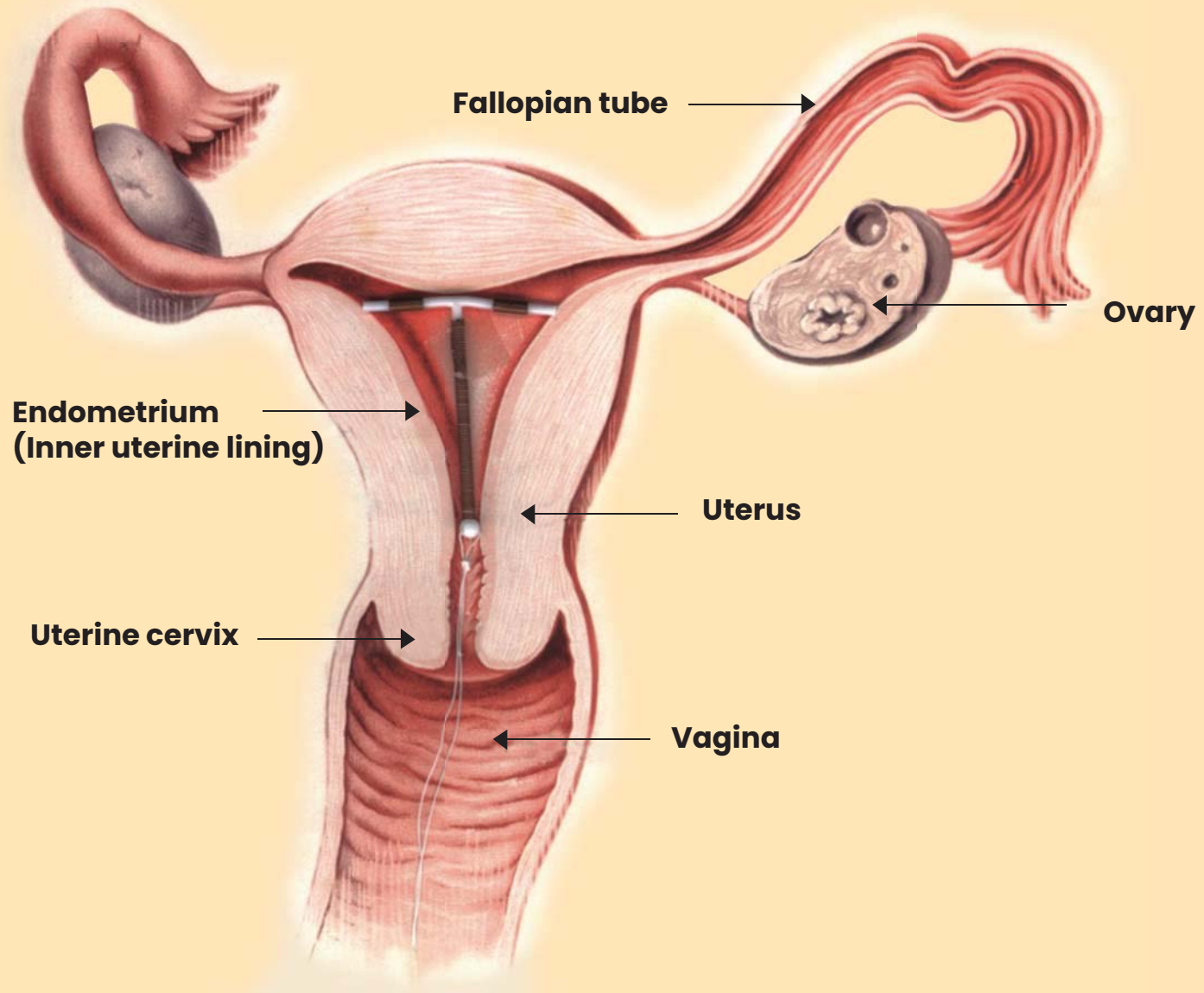
Two rod implant



Intrauterine Device (IUD)

- 1. A small flexible Device is inserted containing copper and plastic which is harmless to the body.**
- 2. Can prevent unwanted pregnancy for up to 10 years.**
- 3. In between, if a child is needed it can be removed easily and become fertile and normal again.**
- 4. At the end of 10 years the IUD should be removed and if pregnancy is not desired, a fresh IUD can be inserted on the same day.**
- 5. The IUD mainly prevents fertilization of the ovum. If by chance fertilization occurs it prevents implantation.**
- 6. IUD can be placed in the uterine cavity in a very simple manner by a trained doctor or nurse at a family planning clinic.**
- 7. IUD should be inserted within the first 12 days of a woman's menstrual cycle.**
- 8. IUD insertion can be done in any of the two undermentioned time periods following child birth.**
 - Insertion can be done in hospital within 48 hrs irrespective of the mode of delivery.**
 - IUD can also be inserted at a family planning clinic 4 weeks after the child birth.**
- 9. During the first few days after an IUD insertion, pain in the lower abdomen and minor changes in menstruation may occur.**
- 10. Clinic visit is recommended 4-6 weeks after insertion for a review.**
- 11. The IUD has no effect on sexual intercourse.**
- 12. Effectiveness is around 99%.**

Intrauterine Device (IUD)

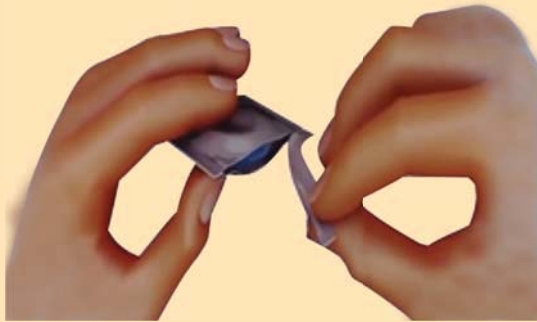


Male Condom

- 1. Condom is a rubber sheath which is used to cover a man's erect penis during sexual intercourse and prevents the deposition of sperms in the vagina by acting as a barrier**
- 2. A new condom should be used for each act of sexual intercourse**
- 3. A condom should not be unrolled and examined before use**
- 4. There should be no contact between penis and vagina before the condom is worn**
- 5. Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect**
- 6. Dispose the condoms after use, along with the non-biodegradable household waste. Do not put the condom into a flush toilet.**
- 7. Store the condoms away from children, insects or high temperatures**
- 8. The effectiveness of the condom is around 97%**
- 9. Condoms provide protection against unwanted pregnancy as well as sexually transmitted diseases (Dual Protection)**

How to use the condom correctly

01.



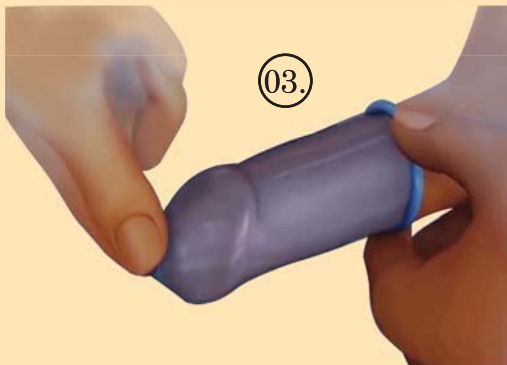
Open the packet carefully without damaging condom

02.



Place the unrolled condom to cover the end of the erect penis (the rolled rim should face upwards) press the teat at the end of the condom with the fingers.

03.



Unroll the condom all the way to the base of the erect penis

04.



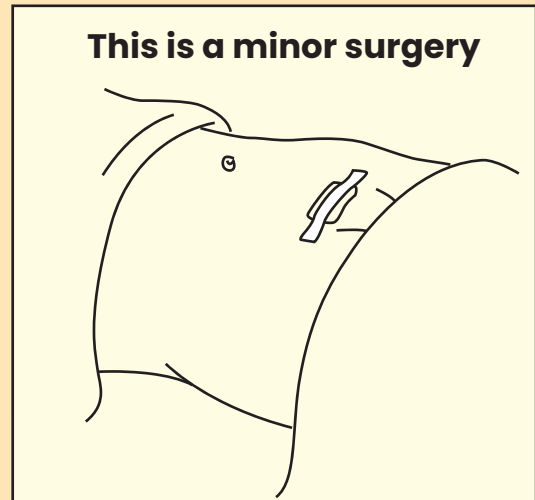
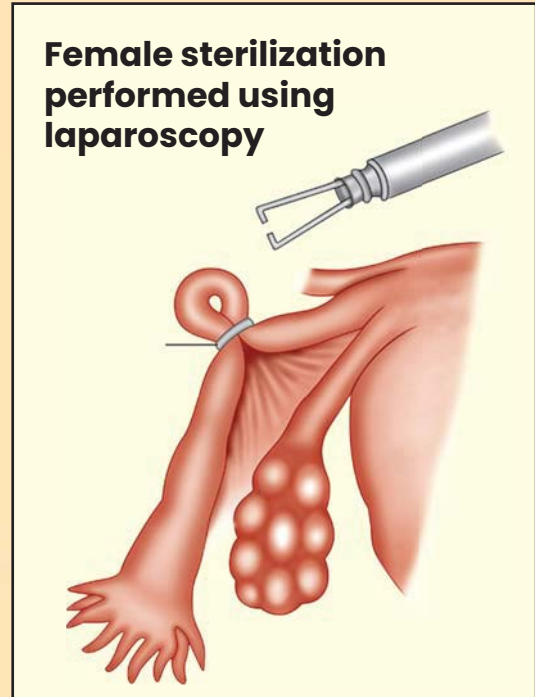
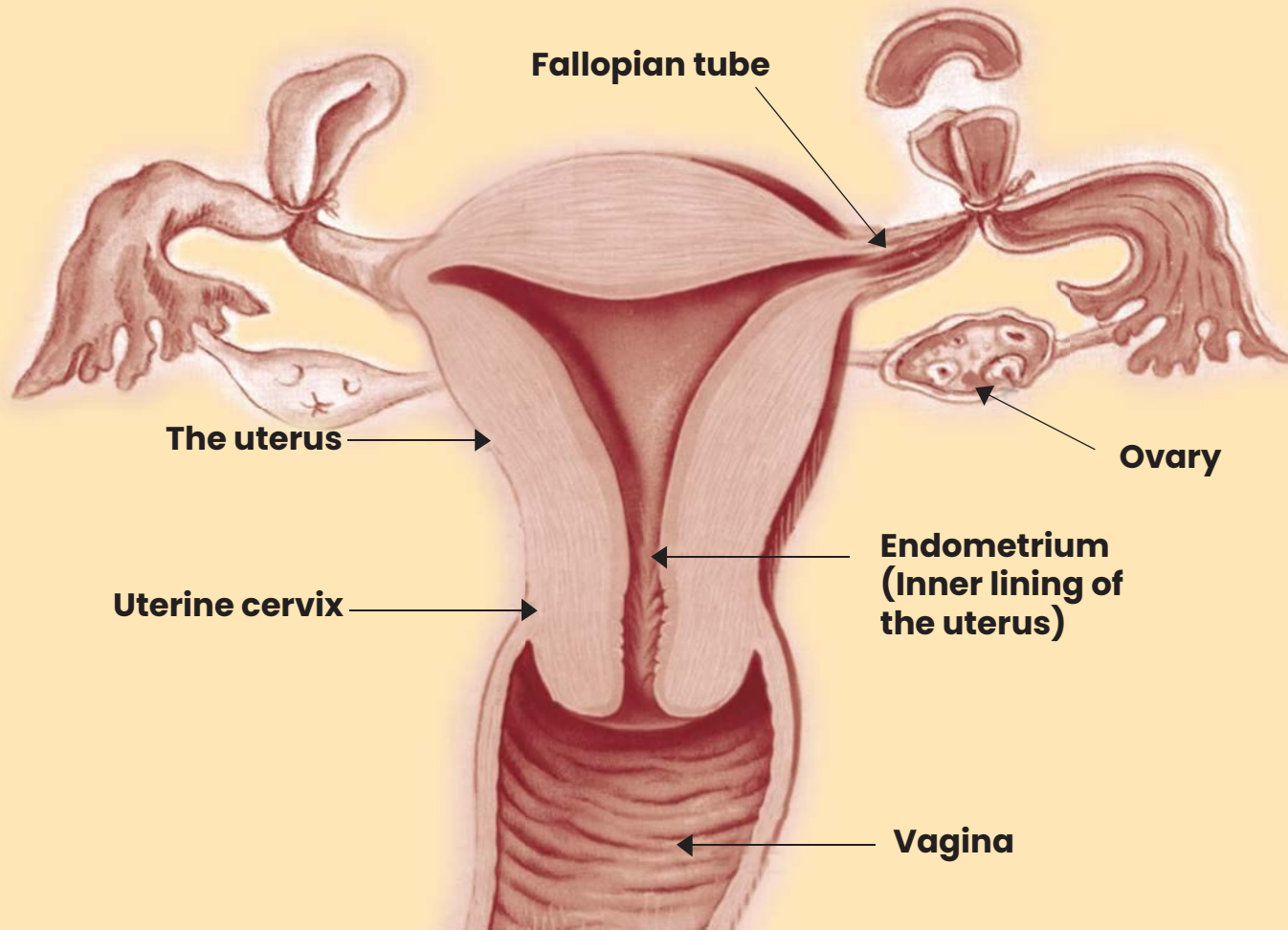
Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect

- Condom should be used throughout the sexual intercourse. (because sperms can be present in male secretions)
- A new condom should be used for each act of sexual intercourse
- Dispose the condoms properly after use

Female Sterilizations

- 1. It is a permanent contraceptive method**
- 2. The fallopian tubes are occluded by a minor surgical procedure to prevent the union of the sperm and ovum.**
- 3. The couple should come to a well informed decision regarding the sterilization as reversal of this surgical procedure is very difficult**
- 4. It is important that the client satisfies the eligibility criteria;**
 - The woman should be above 26 years of age**
 - She should have at least two living children**
 - The age of the youngest child should be more than two years**
- 5. A consent form (Health 1198) should be signed**
- 6. Pregnancy is prevented from the time of the surgery**
- 7. No long-term complications**
- 8. This does not cause any harm to the process of sexual intercourse or to the sexual satisfaction**
- 9. The effectiveness of the method is around 99%**
- 10. Locations where the service is available:**
 - Government hospitals with Consultant Obstetricians and Gynaecologist**
 - Private hospitals**

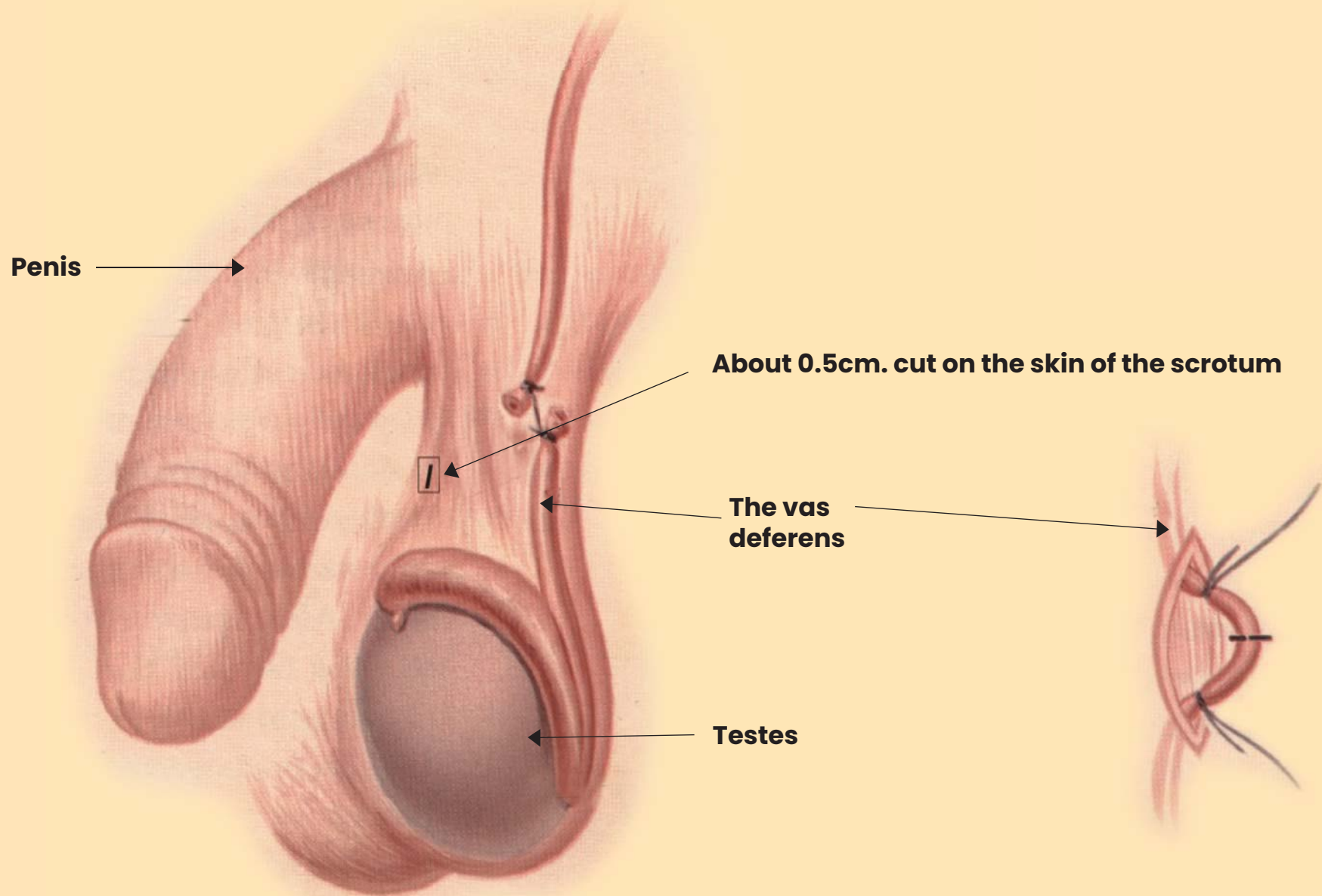
Female Sterilizations



Male Sterilization (Vasectomy)

- 1. It is a permanent contraceptive method.**
- 2. The vas deferens in both sides are ligated and resected by a minor surgical procedure.**
- 3. The occlusion of vas deferens prevents the emission of sperms. However, the secretions from the prostate gland and the seminal vesicles emit as before.**
- 4. A backup contraceptive method (condoms, injectables, oral pills) should be used for 3 months following the surgery as sperms already remaining in the vas deferens and seminal vesicles can continue to emit.**
- 5. This does not interfere or do any harm to the process of sexual intercourse or to the sexual satisfaction.**
- 6. The couple should come to a well informed decision regarding the sterilization as reversal of this surgical procedure is very difficult.**
- 7. A consent form (Health 1198) should be signed.**
- 8. The effectiveness of the method is around 99%.**
- 9. This surgery can be done by a trained surgeon.**

Male Sterilization (Vasectomy)



Emergency contraception

These methods are required and necessary :

- **In case of a rape**
- **After an unprotected sexual intercourse**
- **Failure of a family planning method (E.g. Condom tear, failure to take oral pills daily, failure to take injectables on time)**

Methods that can be used:

1. Intrauterine Device (IUD)

- **Must be inserted within five days after unprotected sex**

2. Emergency Contraceptive Pills (ECP)

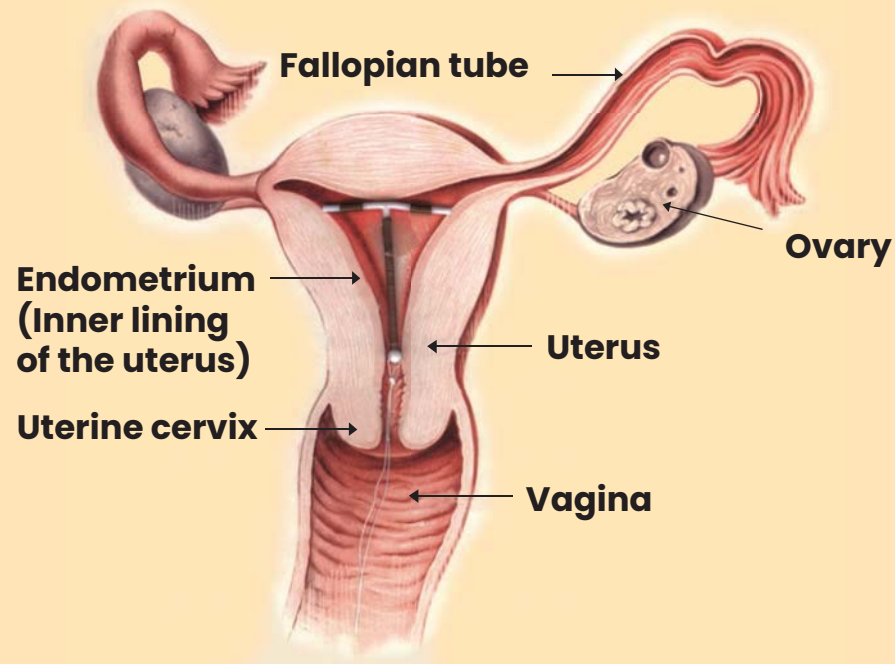
- **These pills contain a compound similar to the hormone progesterone**
- **The pills are available as a pack of two tablets of 0.75 mg each or as a single tablet of 1.5 mg**
- **If there are two pills in the pack, both pills should be taken at once**
- **Taking the pills as early as possible can increase the success rate**
- **It is not recommended to take the pills five days after the unprotected sex**
- **Not suitable to use as a regular family planning method due to high dosage and low success rates**
- **If by chance conception occurs the foetus will not be affected**
- **Lactating women can use this pill**

3. Oral Contraceptive Pills (OCP)

- **Four hormonal pills should be taken as soon as possible (within 72 hours) from unprotected intercourse, followed by a dose of another four pills 12 hours later**

Emergency contraception

1. Intrauterine implant (IUD)



- This is a successful and effective post coital pregnancy prevention method
- This method also prevents unwanted pregnancies for up to 10 years

2. Emergency Contraceptive Pills



- The pill / two pills must be taken as soon as possible

3. Oral Contraceptive Pills



- Four hormonal pills should be taken as soon as possible (within 72 hours), followed by another four pills 12 hours later

Lactational Amenorrhea Method (LAM)

- 1. A family planning method based on breastfeeding**
- 2. This method can only be used by mothers who fulfil all the following criteria:**
 - **Postpartum mothers who are exclusively breast feeding**
 - **Mothers who have not resumed menstruation after childbirth**
 - **For mothers with a baby less than 6 months**
- 3. During the first six months after child birth, mothers who exclusively breastfeed generally do not ovulate**
- 4. Effective only up to six months after delivery**
- 5. The mother should plan to follow some other family planning method after this period**



Natural methods

Natural methods are not as effective as modern methods. Therefore, the failure rates are high.

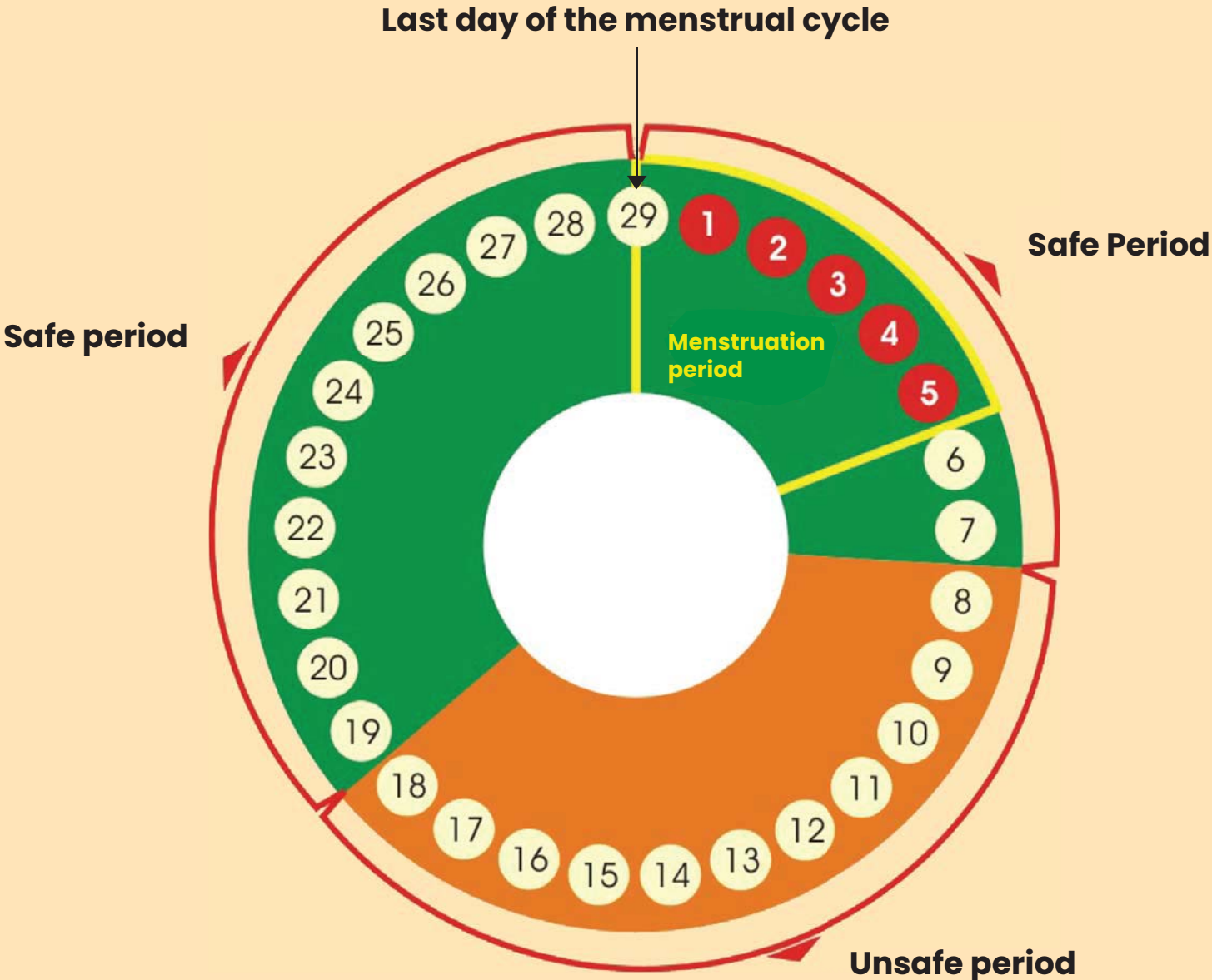
Natural methods that can be used :

- 1. Standard Days Method (SDM) or Calendar method**
- 2. Basal Body Temperature (BBT) method**
- 3. Cervical Mucus Monitoring (CMM) method**
- 4. Sympto Thermal Method (STM)**

1. Standard Days Method –SDM (Calendar method)

- 1. In this method, the day when menstruation starts is considered as the first day of the menstrual cycle. The day before the commencement of the next menstruation is considered as the last day. This period is known as the length of the menstrual cycle.**
- 2. When using this method, the appropriate time to have intercourse should be considered as the “safe period” and the time to refrain from intercourse is considered as the “unsafe period”.**
- 3. “Unsafe period” is determined mathematically based on the lengths of the previous menstrual cycles.**
- 4. As an example, if the duration of the previous menstrual cycles are 28, 26, 29, 27, 29 and 27 days;**
 - Subtract 18 from the number of days in the shortest cycle ... $26 - 18 = 8$**
 - Subtract 11 from the number of days in the longest cycle ... $29 - 11 = 18$**
- 5. According to this example, the “unsafe period” is between 8th and the 18th day of the menstrual cycle. The couple should refrain from having intercourse during this period.**
- 6. According to the above example the 'safe period' is from the 1st to the 8th day of the menstrual cycle and from the 18th to the 1st day of the next menstrual cycle (excluding the 8th and the 18th days). Sexual intercourse can take place during the safe period.**

Standard Days Method –SDM (Calendar method)



2. Basal Body Temperature (BBT) method

- **This method is based on the rise in body temperature which occurs immediately after ovulation**
- **This is due to the progesterone hormone produced in the corpus luteum**
- **After ovulation the body temperature is increased by 0.2- 0.4 oC (0.4 -0.8 oF) and remains so until the next menstrual cycle**

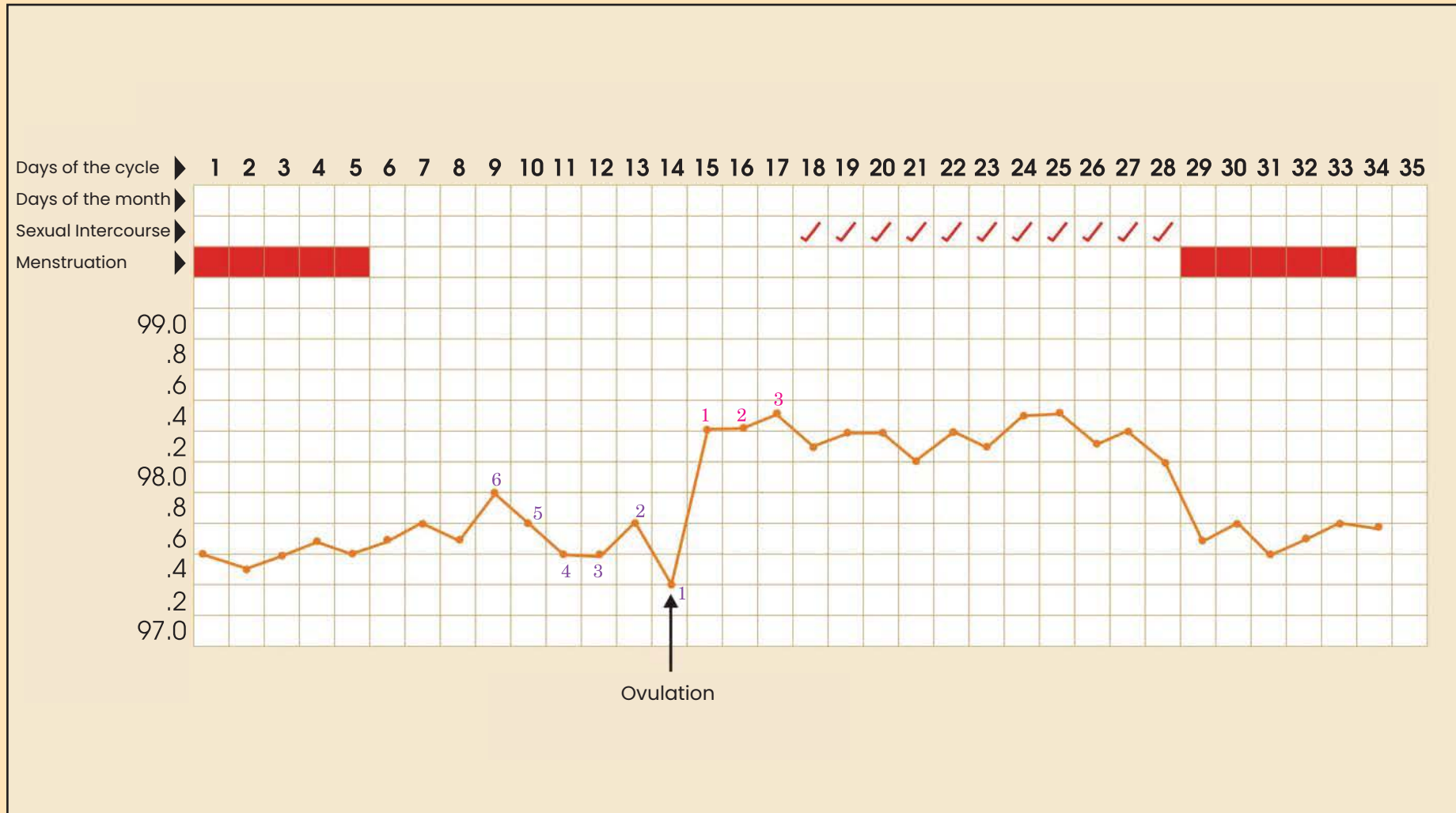
Instructions:

- **Keep a digital thermometer within easy reach of your bed**
- **Check body temperature immediately after waking up in the morning**
- **Tabulate the temperature on a sheet of square ruled paper as shown in the figure**
- **Start a new temperature chart on the first day of each menstrual cycle**

Interpretation

- **The Infertile period begins when 3 higher temperature recordings are made after more than 6 lower temperature recordings (3/6 rule) – see figure**
- **You can have sexual intercourse safely from the date of the beginning of the infertile period until the start of the next menstrual cycle**
- **Accuracy is reduced due to:**
 - **Measuring temperature at different times**
 - **Sicknesses**
 - **Lack of sleep**
 - **Environmental temperature changes**
 - **Anxiety**

Basal Body Temperature (BBT) method



3. Cervical Mucus Monitoring (CMM) method

- **This method is based on the detection and interpretation of the cyclical changes in the cervical mucus.**
- **Changes in the mucous occur under the influence of estrogen and progesterone hormones.**
- **Consider the first day of the menstruation as the first day of the menstruation cycle**

Pre-ovulatory phase

- **Day after the menstruation, the vagina is dry**
- **With the increasing oestrogen levels, the mucus in the vagina becomes thinner, stretchy and slippery**
- **During ovulation, the mucus is thinner and the stretchiness of the vaginal secretions is at its maximum. This is known as the 'Peak day'**

Post -ovulatory phase

- **The mucus loses the slippery nature**
- **The stretchiness of the mucus is reduced and the vagina becomes dry**

Making use of these observations;

- **Record the nature of the mucus daily**
- **Mark the day of peak mucus and name the three days after that as 1,2 and 3.**
- **Sexual intercourse should be avoided from the first day of the appearance of the mucus until three days following 'Peak day'**

Reasons for failure of this method

- **Vaginal or cervical infections**
- **Drugs (antibiotics, steroids)**
- **Mental stress. anxiety**
- **Breastfeeding**

4. Sympto Thermal Method (STM)

- **A combination of various natural family planning methods**
Eg. Using a combination of Basal Body Temperature method, Calendar Method and Cervical Mucus Monitoring method
- **When following this method, accuracy of identifying the fertile period of the menstrual cycle is more than using an individual method**

Advantages and disadvantages of natural methods

Advantages	Disadvantages
<ul style="list-style-type: none">• No side effects• Help women learn about their bodies and fertility• Allow some couples to adhere to their religious or cultural norms about contraception• Cost is minimal	<ul style="list-style-type: none">• Effectiveness is low• Dependent on the regularity of the menstrual cycle• Commitment and practise is needed (for at least 3 months)• Mental stress can disrupt signs of fertility

Regular counselling and follow-up is essential to increase effectiveness.

Subfertility

Definition of a subfertile couple

- A couple where the female partner does not conceive even after 12 months of regular unprotected intercourse (2-3 times a week) is called a subfertile couple

Primary and secondary subfertility

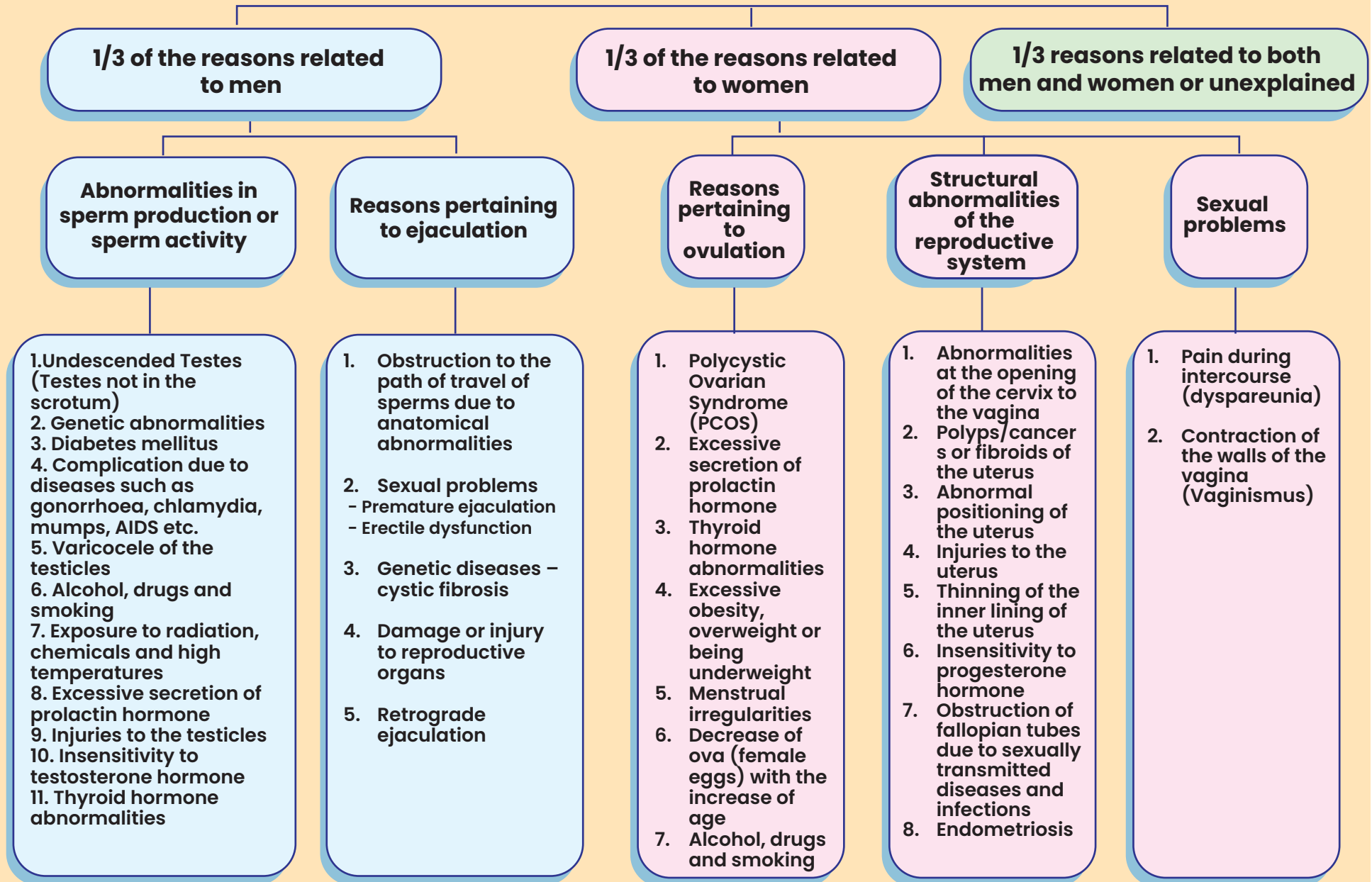
- A couple where the female partner has not conceived previously is called a couple with primary subfertility and, a couple where the female partner has conceived previously is called a secondary sub-fertile couple

Reasons for subfertility

- Various factors can cause subfertility
 - 1/3 of the reasons related to men
 - 1/3 of the reasons related to women
 - 1/3 of the reasons may be common to men and women or unexplained



Reasons for Subfertility



Both women and men should be examined for subfertility

Basic tests

For men

- **Analyse the quality, density and quantity of sperms (Seminal Fluid Analysis- SFA). There shouldn't be an ejaculation for at least 72 hours before the SFA**

For women

- **Ultra sound scan (USS)**
 - **for structural assessment of the female reproductive system**
 - **to detect the thickness of the inner lining of the uterus**
 - **to check the maturation and the release of the ovum from the ovaries**
- **Tests are done to detect blockages in the fallopian tubes**
 - a) **X-ray - a dye is injected to the fallopian tubes through the uterine cervix to establish the patency of fallopian tubes (hysterosalpingogram - HSG)**
 - b) **Laparoscopy and dye test- an operation using key hole surgery to visualize abdominal and pelvic organs, particularly the patency of fallopian tubes**

In addition, blood tests are performed on women if required

- **Thyroid hormones (TSH, T4 and T3)**
- **Fasting blood sugar**
- **Prolactin, FSH and LH**
- **Progesterone levels on the 21st day of the menstrual cycle**

Examining the sperm count

<p>Normal sperm count; > 15 million/ml.</p>	<p>Low sperm count; < 15 million/ml</p>	<p>Normal sperm</p>	<p>Abnormal Sperm</p>	<p>Normal mobility</p>	<p>Abnormal mobility</p>
<p>Examining the sperm count</p>		<p>Examining the morphology of the sperm</p>		<p>Examining the mobility of the sperm</p>	

Uterus

Thickness of the inner lining of the uterus

Ovary

Mature ovum

An ultra sound scan is performed to exclude any structural abnormality of the female reproductive system and to check the maturation and release of an ovum from the ovary.

Fallopian tube

Hysterosalpingogram (HSG) to assess the patency of the fallopian tube

Determining the fertile period of the menstrual cycle

- **A sperm remains viable in a female reproductive tract for 72 hours (3 days)**
- **An ovum after ovulation, remains viable for 24 hours for fertilization**
- **Therefore, the fertile period lasts approximately four days, starting three days prior to ovulation and ending one day after ovulation**
- **The day when menstruation starts is considered as the first day of the menstrual cycle. The day before the commencement of the next menstruation is considered as the last day. This period is known as the length of the menstrual cycle**
- **Subtract 14 days from the last day of your menstrual cycle to determine the date of the last ovulation**
- **For example, if a woman has a 28 day menstrual cycle, she ovulates on the 14th day (28-14=14)**
- **Therefore, the fertile period is from day 11 to day 15 of the menstrual cycle**
- **Assuming that ovulation occurs on day 14, fertilization can occur with a sperm entering the female reproductive system from day 11 to day 15 of the menstrual cycle**
- **However, if you are expecting a child, you need to have sexual intercourse at least 2-3 days a week**

Determining the fertile period of a woman who menstruate once in every 28 days.

Ovulation



Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	→				
Menstruation	█																												█										
Fertile period											█																												
Menstrual cycle	Length of the menstrual cycle (1 to 28 days)																												Next menstruation										

Treatment available for subfertility

- **With the advancement of the technology, subfertility can be successfully treated**
- **It is essential to continue treatment without a break**

Medical/surgical treatment

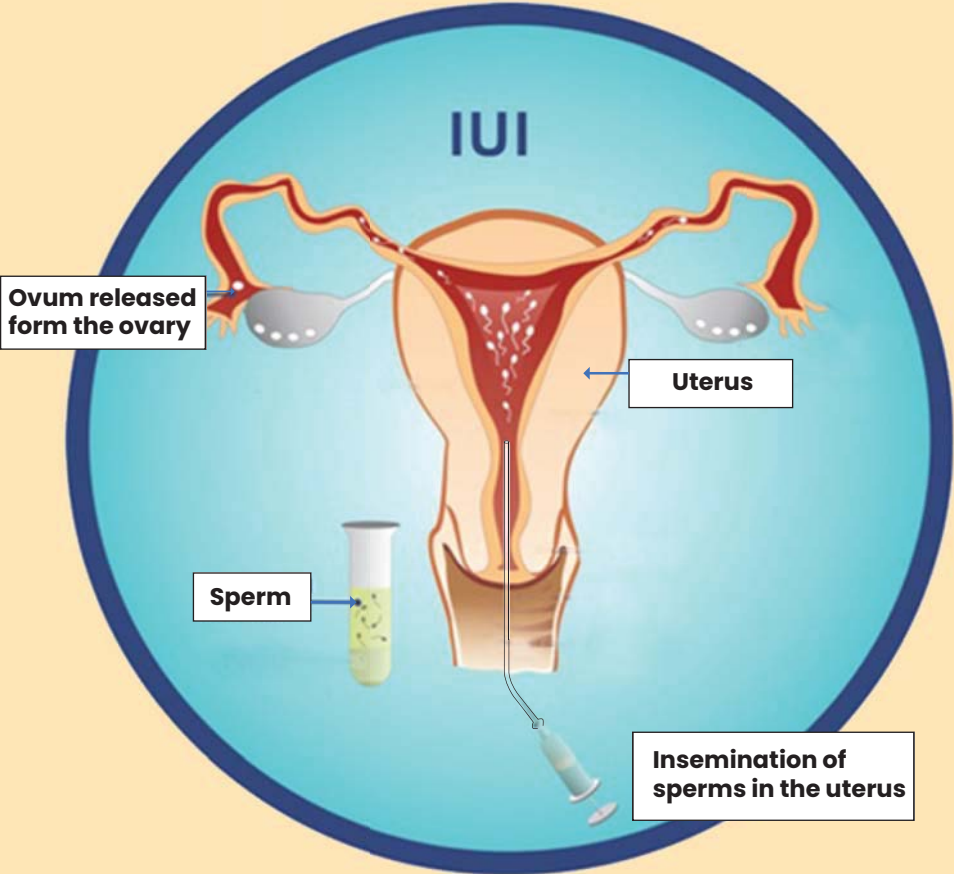
- **medical management**
E.g. Stimulation of ovulation with medication, treatment for hormonal imbalances
- **Clear blocks in the fallopian tubes and vas deferens by surgical means**
- **Treatment for endometriosis and its side effects (adhesions) using laparoscopy**
- **Surgical interventions for issues such as uterine fibroids**

Assisted Reproductive Techniques

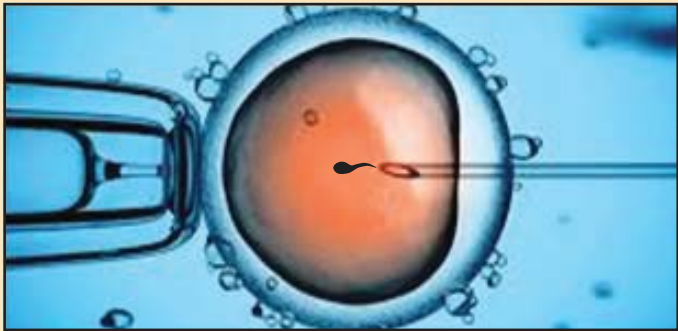
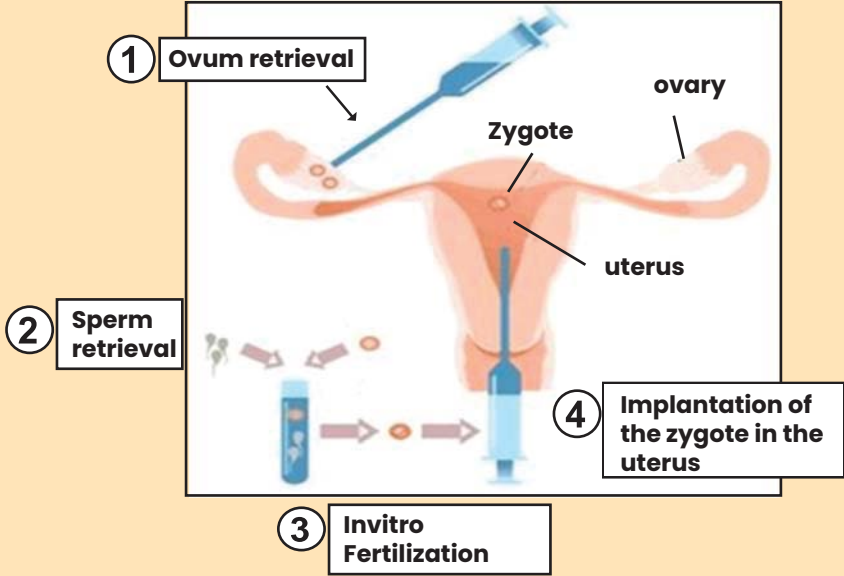
- **Intra Uterine Insemination (IUI) of sperms**
- **External fertilization and implantation in the uterus (Invitro Fertilization –IVF)**
- **Advanced techniques such as inserting sperms into the ovum (Intra-Cytoplasmic Sperm Injection – ICSI / Intra-Cytoplasmic Morphologically selected Sperm Injection – IMSI)**
- **Use of sperm and ova or embryos obtained from another person (Donor)**

Assisted reproductive techniques

IUI - Intrauterine Insemination



IVF - Invitro Fertilization



ICSI - Intra-Cytoplasmic Sperm Injection

What we can do to minimise subfertility

- **Maintaining proper weight to height ratio**

$$\text{BMI (Body Mass Index)} = \frac{\text{Weight (kg)}}{\text{Height*Height (m)}}$$

The optimum BMI value that should be maintained is between 18.5–24.9

With weight gain, the level of oestrogen in the blood increases, thereby reducing the Follicle stimulating Hormone (FSH) which is responsible for ovulation

- **The ideal age for a woman to conceive is between 20 – 35 years. It is desirable for a woman to complete the family with the desired number of children by the age of 35. After the age of 35, a woman's fertility declines and also increases the risk of birth defects.**
- **Prompt treatment for diseases and infections in the male and female reproductive system**
- **Avoiding exposure to drugs, alcohol, smoking, high temperatures, radiation and toxins**

In addition, women who are expecting a pregnancy;

- **Should take folic acid (400 mcg) daily for at least 3 months prior to pregnancy**
- **If not vaccinated previously, It is important to get the rubella vaccine as soon as possible. After obtaining this vaccine, you should avoid pregnancy for three months.**

Couples with problems should seek medical advice as soon as possible

- **Eg.**
 - **Increasing age**
 - **Irregular periods**
 - **Problems in the sexual intercourse**
- **Referrals should be done as early as possible (No need to wait for 1 yrs)**
- **It is important to provide individualized couple-to-couple attention and counselling**
- **Referral**
 - **Medical Officer of Health (MOH)**
 - **Subfertility clinics in hospitals**
 - **Subfertility clinic at family Health Bureau**
 - **Obstetricians and gynaecologists**
 - **Medical specialists on subfertility**

For counselling on Family Planning use this set of flash cards along with the WHO Medical Eligibility Criteria (MEC) wheel

