

Chapter Seven:

Considering Your Reproductive Choices

13th edition, pp. 178-208

12th edition, pp. 171-202 (chapter 5)

video clip on perhaps why its good to wait...



Fertility

13th edition, p. 179; 12th edition, p 172

- **As humans we have a choice!**
- Choosing when to have a child is one of your greatest responsibilities
 - You have much to consider before risking a pregnancy
 - Lifelong personal commitments
 - Are you ready to have a child?



deciding if you're ready to have a child

13th edition, p. 179, 12th edition, p. 190-191

- **Emotionally**
- Relationship with partner
- Motivation to have a child
- **Financially**
- Will you be able to care for the child (2017 average cost raising a child 0-18 is \$245,340)
- Where are you in your school or career
- What sort of health care do you have
- **Physically**
- General health including diet and stress
- Predisposing concerns
- **Support network**
- Initial care and advice
- Long term child care
- Living environment



deciding if you're ready to have a child

not in texts, from London's Daily Telegraph, 29 May'16

'Baby Quake'

Term coined in a study by 'One-Plus-One Charity, demonstrating how much the birth of the first child changes a couple's relationship:

- 66% of couple feel concerned about their relationship after the birth of their first child
- 40% of women feel less sexually attractive
- 25% of men feel their spouses are no longer interested in sex
- 25% of couples divorce with-in 3 years, citing strains of parenthood

Suggestions:

- be confident in your relationship before conceiving
- Take a 'date night' at least once a week
- Equitably divide up chores



contraception

13th edition, pp. 179-180; 12th edition, pp. 172-173

- Refers to methods of preventing conception
- **Several methods**
 - **Barrier**
 - **Hormonal**
 - **Surgical**
 - **Natural or rhythm**
- **All have different success rates**
 - 'perfect failure rate' refers to the number of pregnancies that are likely to occur in a year per 100 without error
 - 'typical failure rate' refers to the number of pregnancies in typical use per 100, with incorrect/improper use

contraceptive stats

13th edition, pp. 182-183; 12th edition, pp. 173-174

Method	Failure Rate		STI Protection	Frequency of Use	Cost
	Typical Use	Perfect Use			
Continuous abstinence	0	0	Yes	N/A	None
Implanon	0.05	0.05	No	Inserted every 3 years	\$400-\$800/exam, device, and insertion; \$100-\$300 for removal
Male sterilization	0.15	0.1	No	Done once	\$350-\$1,000/interview, counseling, examination, operation, and follow-up sperm count
Female sterilization	0.5	0.5	No	Done once	\$1,500-\$6,000/interview, counseling, examination, operation, and follow-up visit
IUD (intrauterine device)					
ParaGard (copper T)	0.8	0.6	No	Inserted every 10 years	\$500-\$1,000/exam, insertion, and follow-up visit
Mirena	0.2	0.2	No	Inserted every 5 years	\$500-\$1,000/exam, insertion, and follow-up visit
Depo-Provera	6	0.2	No	Injected every 12 weeks	\$30-\$100/3-month injection; \$35-\$175 for initial exam; \$35-\$80 for follow-up visits to clinic for shots
Oral contraceptives (combined pill and progestin-only pill)	9	0.3	No	Take daily	\$15-\$50 monthly pill pack at drugstore; often less at clinics; check for family planning programs in your student health center; \$35-\$250 for initial exam
Ortho Evra patch	9	0.3	No	Applied weekly	\$15-\$50/month at drugstore; often less at clinics; \$35-\$250 for initial exam
NuvaRing	9	0.3	No	Inserted every 4 weeks	\$15-\$50/month at drugstore; often less at clinics; \$35-\$250 for initial exam
Diaphragm (with spermicidal cream or jelly)	12	6	Some	Used every time	\$15-\$75 for diaphragm; \$50-\$200 for initial exam; \$8-\$17/supplies of spermicide jelly or cream
Cervical cap (FemCap) (with spermicidal cream or jelly)	14	4	Some	Used every time	\$60-\$75 for cap; \$50-\$200 for initial exam; \$8-\$17/supplies of spermicide jelly or cream
Women who have never given birth	14	4	Some	Used every time	\$60-\$75 for cap; \$50-\$200 for initial exam; \$8-\$17/supplies of spermicide jelly or cream
Women who have given birth	32	No data	Some	Used every time	

contraceptive stats, *continued*
 13th edition, pp. 182-183; 12th edition, pp. 173-174

Method	Failure Rate		STI Protection	Frequency of Use	Cost
	Typical Use	Perfect Use			
Male condom (without spermicides)	18	2	Some	Used every time	\$1 and up/condom—some family planning or student health centers give them away or charge very little. Available in drugstores, family planning clinics, some supermarkets, and from vending machines.
Today sponge					
Women who have never given birth	12	9	No	Used every time	\$9-\$15/package of three sponges. Available at family planning centers, drugstores, online, and in some supermarkets.
Women who have given birth	24	20	No	Used every time	
Female condom (without spermicides)	21	5	Some	Used every time	\$2-4/condom. Available at family planning centers, drugstores, and in some supermarkets.
Withdrawal	22	4	No	Used every time	None
Fertility awareness-based methods	-24	0.04-5.0	No	Followed every month	\$10-\$12 for temperature kits. Charts and classes often free in health centers and churches.
Spermicides (foams, creams, gels, vaginal suppositories, and vaginal film)	28	18	No	Used every time	\$8/applicator kits of foam and gel (\$4-\$8 netils). Film and suppositories are priced similarly. Available at family planning clinics, drugstores, and some supermarkets.
No method	85	85	No	N/A	None
Emergency contraceptive pill	Treatment initiated within 72-120 hours after unprotected intercourse reduces the risk of pregnancy by 75%-89% (with no protection against STIs). Costs depend on what services are needed: \$29-\$50 Plan B-One Step; \$20-\$50 one pack of combination pills; \$26-\$370 two packs of progestin-only pills; \$35-\$150 Visit with health care provider; \$10-\$20/pregnancy test; ella \$77-\$97/in addition to visit with health care provider.				

barrier methods of contraception
 13th edition, pp. 180-185; 12th edition, pp. 174-178

- **Male condoms** (90-80% reduction in risk of STI/STD transmission)
- **Female condom**
- **Foams, suppositories, jellies, creams**
- **Diaphragm**
- **Cervical cap**
- **Contraceptive sponge**
- **I.U.D.'s (intrauterine devices)**

hormonal methods of contraception
 11th edition, pp. 186-189; 12th edition, pp. 179-182

- **Oral contraceptives:**
 - First used in 1960's
 - Revolutionized woman's roles in society... the control over pregnancy
 - Allowed education, careers
 - Began 'sexual revolution' in the '60's
 - In 1995 became the most popular contraceptive in the US, now equal with sterilization, and most commonly used by college aged women

hormonal methods, *con't*
 13th edition, pp. 186-188; 12th edition, pp. 179-182

Originally a very high dosage of estrogen/progesterone, now much more fine tuned depending on brand. Traditionally take one pill each day for three weeks, with one week a sugar or placebo to initiate the menstrual cycle

Advantages:

- 99% effective with perfect/91% with imperfect use
- Reduces ovarian cancer by 40-60%
- Reduces cramping
- Better regulates menstrual cycles

Disadvantages:

- Health risks for women over 35 year and those who smoke such as blood clots, high blood pressure
- Hormonal changes such as lessening sexual desire, acne, hair loss or growth
- Often takes several cycles to become pregnant after stopping.

hormonal methods, *con't*
 13th edition, pp. 186-188; 12th edition, pp. 179-182

- **Contraceptive patch:** Worn on the skin and replaced weekly, releasing hormones slowly through the skin
- **Vaginal ring:** Flexible ring inserted into vagina which releases hormonal contraceptive for 3 weeks
- **Contraceptive Injections:** Depo-Provera/Depo-subQ Provera: injected intramuscularly every three months
- **Contraceptive implants:** nexplanon - injects small capsule (size of a matchstick) under the skin which lasts for five years. Used primarily in areas outside the U.S. with limited access to health services

Behavioral methods of contraception
 13th edition, pp. 189-190; 12th edition, pp. 182-184

- **Withdrawal:** not effective (78% change of getting pregnant)
- **Abstinence or outercourse:** 100% safe guard against STD's
- **Fertility awareness methods:** cervical mucus, body temperature method, rhythm or calendar method... a released egg can last 36 hrs. after ovulation; sperm can last as long as 7 days in the reproductive tract.
- **Emergency Contraceptive Pills:** 'the morning after pill' though can be used up to 2-5 days after intercourse massive dose of hormones with side effects. 95% effective

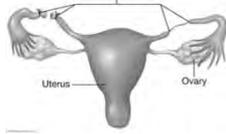
Women's fertility cycle

Permanent methods of contraception

13th edition, pp. 191-192; 12th edition, pp. 184-185

Female sterilization:

- **Tubal Ligation:** fallopian tubes either tied or cut and cauterized to seal the fallopian tubes, prohibiting the eggs from dropping to the uterus
- **Essure/Adiana:** placement of small micro coils or soft insert by doctor in women's fallopian tubes that promote scarring and seal tubes
- **Hysterectomy:** radical procedure of removing the uterus. Normally done only when the patient's uterus is damaged or diseased

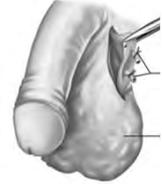


permanent methods of contraception, con't

13th edition, p. 192; 12th edition, pp 184-185

Male sterilization:

- **Vasectomy:** removes a portion of the vas deferens from each side, cutting sperm from travelling from the testes
- In some instances now you can have small valves inserted under the skin to reverse the vasectomy



choosing a method of contraception

13th edition, pp. 192-194; 12th edition, pp. 186-188

- How comfortable are you using a particular method?
- Will this method be convenient for you and your partner?
- What is the risk for transmission of STD/STI's?
- Do I want to have a biological child in the future?
- How would an unplanned pregnancy affect my future?
- What are my religious and moral values?
- How much will the birth control method cost?
- Do you have any predisposing health factors that could limit your choice?

Remember for convenient and confidential advice, refer to Health Services in Yosemite Hall on West, or Morris on East!

contraceptives used by college students

13th edition, p. 192-193; 12th edition, p. 187 (table 7.2)

Method	Male	Female	Total
Male condom	69%	61%	64%
Birth control pills (monthly or extended cycle)	62%	58%	59%
Withdrawal	29%	39%	32%
Intrauterine device	8%	9%	9%
Nexplanon/implant	7%	6%	7%
Depo-Provera/shots	5%	4%	4%
Spermicide (foam, jelly, cream)	5%	3%	3%
Sterilization	2%	2%	2%
Xulane/patch	2%	1%	1%
Female condom	1%	0%	1%
Diaphragm/cervical cap	0%	0%	0.3%
Sponge	0%	0%	0.2%

50% of pregnancies that occur each year are unintended

abortion

13th edition, pp. 194-196; 12th edition, pp. 188-190

- In 1973, the landmark Supreme Court decision called 'Roe vs. Wade' determined that the 14th amendment which entitled personal liberty was broad enough to encompass a women's decision whether or not to terminate her pregnancy.
- In many states women and their doctor have the right to terminate a pregnancy through the first trimester.
- Second trimester abortions are allowed in some states
- Third trimester abortions are ruled illegal unless the mother's life or health are in danger. In California, abortion is not legal when a fetus is deemed viable outside the womb, which is generally in the range of 24 to 26 weeks.

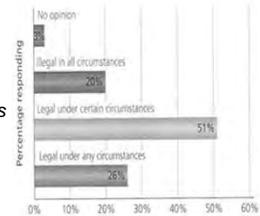


types of abortions

13th edition, pp. 195-196; 12th edition, pp. 188-190

Surgical abortions

- **First trimester:** 88% of abortions vacuum aspiration –low risk
- **Second Trimester:** 10% of abortions dilation and evacuation
- **Late term:** 2% of abortions Intact dilation extraction



Medical Abortions:

- **RU-486 or Mifepristone** is a steroid which blocks progesterone causing the uterine lining to break down and expel the lining and embryo. Usual side effects similar to a heavy menstrual cycle. Terminates the pregnancy with-in four hours, though this involves a multi-step, often 12 day process. Side effects are similar to those reporting a heavy menstrual cycle.

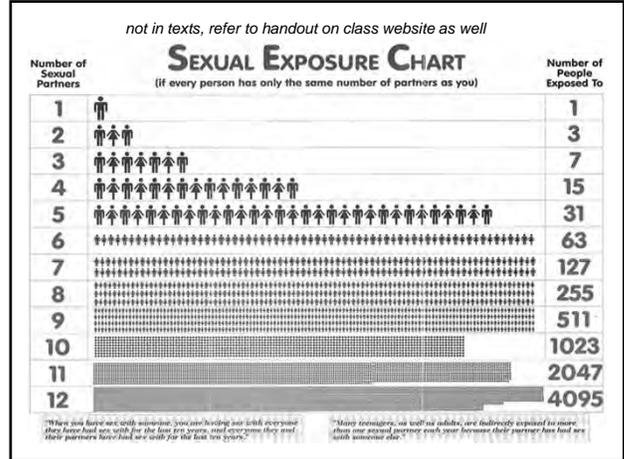
protecting your fertility

not in texts

Contraceptives and Protection Against Sexually Transmitted Infections

CONTRACEPTIVE METHOD	STI PROTECTION
Latex male condom	Excellent (if used correctly)
Female condom	Good
IUD	None
Pill/Norplant/Depo-Provera	None
Diaphragm/cervical cap	It may protect against STIs, but not HIV.
Abstinence	Excellent (if all activities involving fluid exchange are avoided)
Sterilization	None
Spermicides	Minimal
Fertility awareness methods	None

- The two only proven protection against STD's and STI's:
 - Abstinence
 - Male condoms used properly



not in texts, refer to handout on class website as well...more in chapter 14

The Most Common STD's

STD	SYMPTOMS	DAMAGE	NUMBERS
Chlamydia	Men: Usually silent. Some experience discharge from the penis and burning with urination. Women: Usually silent. Some experience pain and/or vaginal discharge.	Men: Sterility. Women: Considered to be the most common cause of sterility. Advanced stage may require removal of uterus, tubes and ovaries.	1) 1 million new cases reported annually. 2) 70% are asymptomatic and undiagnosed. 3) 80% of those sexually active are exposed to chlamydia.
Gonorrhea	Men: Pus like urethra. Burning upon urination. Women: Pelvic pain. Painful urination and pain-like discharge.	Men: Sterility. Scarring of urethra and urinary tract problems. Women: Sterility, scarring in severe cases.	1) 1 million new cases reported annually. 2) 80% are not aware they have the disease.
Syphilis	Men: Fatigue, swollen non-painful sores on external genitalia. Last stage: changes of ribs, fever, enlarged lymph nodes. Last stage: sores on nose. Women: Same as men.	Men: Blindness, heart disease, kidney disease and death. Women: Same as men. Can cause birth defects or death in newborns. If undetected as infected.	1) 150,000 new cases reported annually. 2) 80% are not aware they have the disease.
HIV/AIDS	Men: Fever, sore throat, fatigue, swollen lymph glands. Women: Same as men.	Men: Immune system breakdown, death. Women: Same as men.	1) 1 million infected. Approx. 20% are living with HIV/AIDS. 2) 20% infected during teens.
Genital Herpes	Men: Lesions appear at the site of infection - periodic eruptions of genital lesions and always stay where on body. Women: Same as men.	Men: Continuous outbreaks. Eventually may lead to impotency. Women: Continuous outbreaks. Eventually may lead to death.	1) 1 million infected annually. 2) 80% are asymptomatic. 3) 15% of women have been infected.
HPV Human Papilloma Virus	Men: Warts like genital growths. Women: Often no visible symptoms. Some experience warty bumps, itching and pain. Abnormal pap smears.	Men: Cancer of penis and anus. Women: Usually asymptomatic changes difficult to see. Cervical cancer most common if not treated.	1) 20-30 million people are thought to be infected. 2) Different strains exist. 3) 30% of women have high risk.
Hepatitis B	Men: Often silent. Some experience yellowing of skin, stomach problems, dark urine and joint pain. Abnormal blood tests. Women: Same as men.	Men: Severe liver damage. Can eventually lead to cancer of the liver and cirrhosis. Women: Same as men.	1) 200,000 new cases annually. 2) Most common STD in the world. 3) Approx. 1.25 million chronically infected Americans.
PID Pelvic-Inflammatory Disease	Men: This disease affects women only. Women: After Chlamydia & Gonorrhea. Often asymptomatic but may get mistaken for menstrual cramps.	Men: The disease affects women only. Women: Fertility problems. Abnormal egg implants in the fallopian tubes instead of uterus. (Can be life threatening.) Sterility & cancer risk.	1) 1 million new cases annually. 2) Most common STD in the world. 3) 15% of women have been infected.

STD's are the leading cause of sterility in young women! Don't risk your future for a moment of passion

a women's reproductive years

13th edition pp. 196-198; 12th edition, pp. 191-191

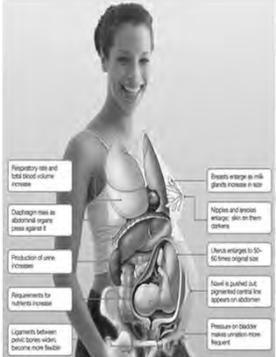
- Women on average are fertile for 40 years
- The rate of women having their first child between the ages of 30-39 has **doubled** in the past 10 years
- After 35 yrs. of age the egg does become less viable, and birth defects do rise
- Down syndrome is not markedly increased with age...80% of infants who are affected are born to mothers under 35
- The risk of miscarriage doubles for women between the ages of 35-45
- Normal weight gain during pregnancy is 25-35 pounds



early signs of pregnancy

13th edition, pp. 198-199; 12th edition, pp. 192-193

- Tenderness of the breasts
- Emotional upset and anxiety
- Extreme fatigue
- Nausea or upset stomach
- Sleeplessness
- Vomiting, especially in the morning



Respiratory rate and total blood volume increase

Diaphragm rises as abdominal organs press upon it

Production of urine increases

Requirements for nutrients increase

Ligaments between pelvic bones relax, become more fluid

Breasts enlarge as milk ducts increase in size

Nipples and areolas enlarge, skin on them darkens

Uterus enlarges to 50-60 times original size

Abdominal muscles stretch and separate

Pressure on bladder causes urinary frequency

prenatal care

13th edition, pp. 199-200; 12th edition, pp. 193-194

- If you smoke, STOP
- Do not consume alcohol or drugs... licit and illicit
- Watch your stress level
- Minimalize your caffeine intake
- Avoid x-rays, even dental x-rays
- Eat healthfully and watch cravings and weight gain
Take prenatal vitamins
- Initiate a moderate exercise program, being conscious of your changing body
- Be cautious of additives and chemicals that your unborn child can absorb.



