Chapter Seven: Considering Your Reproductive Choices

13th edition, pp. 178-208
12th edition, pp. 171-202 (chapter 5)

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
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

contraception
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

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 within 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

contraceptive stats
contraceptive stats, continued

<table>
<thead>
<tr>
<th>Method</th>
<th>Failure Rate</th>
<th>Typical Use</th>
<th>Perfect Use</th>
<th>95% Protection</th>
<th>Frequency of Use</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condom (without spermicide)</td>
<td>1-2</td>
<td>2-3 shots</td>
<td>Used every time</td>
<td>E: 1 and abortion - some family planning or infertile health care providers</td>
<td>80% - 90%</td>
<td>Cost</td>
</tr>
<tr>
<td>Tiny sponge</td>
<td>12</td>
<td>0</td>
<td>Used every time</td>
<td>$9-15</td>
<td>80% - 85%</td>
<td>Not available</td>
</tr>
<tr>
<td>Female condom (without spermicide)</td>
<td>21</td>
<td>0</td>
<td>Used every time</td>
<td>$2</td>
<td>90%</td>
<td>Not available</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>22</td>
<td>0</td>
<td>Used every time</td>
<td>None</td>
<td>80%</td>
<td>Not available</td>
</tr>
<tr>
<td>Sterility and spermicidal methods</td>
<td>24</td>
<td>0-2</td>
<td>None</td>
<td>90% - 95%</td>
<td>Followed every month</td>
<td>Not available</td>
</tr>
<tr>
<td>Contraceptive ring, foams, suppositories, and vaginal films</td>
<td>26</td>
<td>0</td>
<td>Used every time</td>
<td>$5-10</td>
<td>85%</td>
<td>Not available</td>
</tr>
<tr>
<td>IUD’s (intrauterine devices)</td>
<td>31</td>
<td>0</td>
<td>Used every time</td>
<td>$200-600</td>
<td>99%</td>
<td>Not available</td>
</tr>
</tbody>
</table>

barrier methods of contraception

- Male condoms (90-95% reduction is 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

- Oral contraceptives:
  - First used in 1960's
  - Revolutionary 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

- Contraceptive patch: Worn on the skin and replaced weekly, releasing hormones slowly through the skin
- Vaginal ring: Flexible ring inserted into vagina which replaces 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

hormonal methods, con’t

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hormonal methods, con’t

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.

Behavioral methods of contraception

- 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

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 scaring and seal tubes
- Hysterectomy: radical procedure of removing the uterus. Normally done only when the patient’s uterus is damaged or diseased

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 values incerted under the skin to reverse the vasectomy

Choosing a method of contraception

- 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

Types of abortions

- 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 within four hours, though this involves a multi-step, often 12 day process. Side effects are similar to those reporting a heavy menstrual cycle.

Abortion

- 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 woman’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.

50% of pregnancies that occur each year are unintended
protecting your fertility

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

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

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Dr. Dave Shrock

a women’s reproductive years

- 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

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

prenatal care

- 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.
critical phases of the child's growth

traditional childbirth

- Three phases of traditional childbirth:
  - Dilation of the cervix:
    - lasts a couple of hours to more than a day. Baby shifts in womb, head-down position, cervix begins to dilate or widen, the amniotic sac breaks, contractions begin and become more intense
  - Transition:
    - Cervix become fully dilated, head moves into birth canal, contractions become more forceful, stage lasts approx. 30min.
  - Expulsion:
    - the cervix becomes fully dilated, contractions become more regular and forceful, the baby is delivered with the aid of the doctor or mid-wife, the baby takes its first breath, the umbilical cord is cut, stage lasts 1-4 hours
  - Afterbirth:
    - The placenta or afterbirth is expelled from the womb
  - Cesarean Section (c-section):
    - performed if labour lasts too long, the infant is not properly aligned in the womb, or the mother’s health is in danger. C-sections have risen dramatically, and often preclude women from giving birth vaginally afterwards

alternative childbirth
not in texts

Alternative birthing methods:
- Lamaze method: most popular focuses on pre-labour classes to control pain, discouragement use of drugs
- Harris Method: similar though more formal with licensed medical practitioners. Some use of drugs allowed
- Leboyer method: avoiding traumatic environment, birthing done in a dark quiet setting, child immediately placed in a warm bath
- Bradley Method: emphasizes healthy eating and relaxation/breathing, plus the partners support
- Water Birth: giving birth in a warm bath, often in a person's home with the aid of a midwife, generally with no drugs

infertility

Approx. 10% of couples cannot conceive!

- Causes in women:
  - Polycystic Ovary Syndrome (PCOS): The normal follicles which periodically releases eggs are malformed failing to release eggs. Obesity is a contributor effecting 5-10% of women of child bearing age
  - Endometriosis: a leading cause amongst women whereby the parts of the endometrial lining implants itself outside of the uterus, blocking the fallopian tubes
  - Pelvic Inflammatory disease (PID): results from Chlamydia or gonorrhea, or other STD infections scarring the fallopian tubes effecting 10% of women.
- Causes in men:
  - Low sperm count can be caused by exposure to radiation, intense heat, or even wearing too tight underwear
  - Poor health, poor diet, lack of exercise, being overweight, history of drug use

Treatment of infertility

Treatments usually have a 30-70% success rate, and can cost from $3000-$10,000 a treatment... with no guarantee of success

Types of options:
- Fertility drugs: women take fertility drugs with a 50% chance of conceiving with a 1 in 10 chance of multiple births. Many side effects
- Alternative insemination: insemination either with a partner's or a donor's sperm
- Assisted Reproductive Technology:
  - In vitro fertilization: 'test tube fertilization' whereby a viable egg is taken from the women, and the partner's sperm are joined in a laboratory, and then placed back in the women’s uterus
  - ICSI, GIFT, ZIFT: involve the manipulation of a women’s egg and man’s sperm
- Surrogate Motherhood: Where a couple hire a host mother to become inseminated and carry the child to term
- Adoption: When biological childbirth is not an option. Takes 1-2 years, and often $7,000-$30,000 in fees whether adopting domestically or overseas.

Truly the gift of childbirth necessitates a great deal of thought and maturity

Take great care of your fertility and choice on when to commit to bringing a child into our world!