

Family Planning for Women and Couples following Fistula Repair

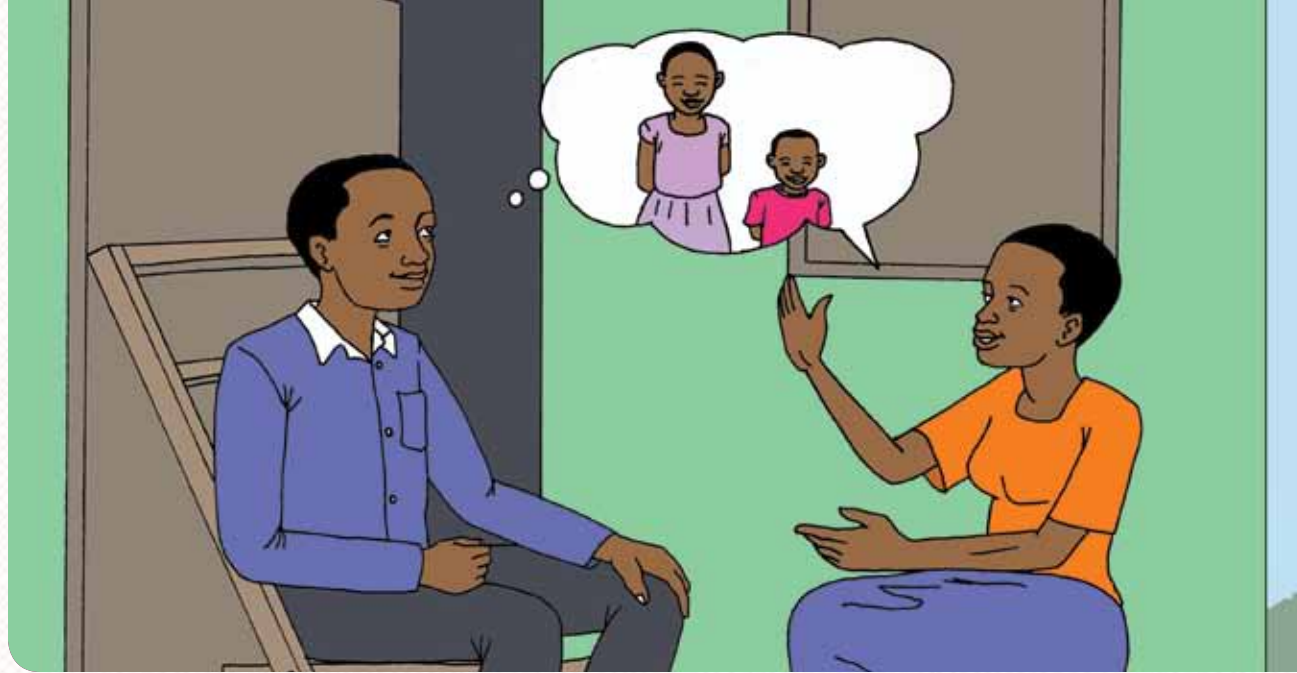


Fistula Care at EngenderHealth
440 Ninth Avenue, 13th Floor
New York, NY, USA 10001
Tel: 212-561-8000
E-mail: fistulacare@engenderhealth.org



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In general, your need for family planning may change as you go through the different stages of your reproductive life. If you have had a fistula repaired, the future is open to you to rebuild the life you would like to have. Part of rebuilding your life may include deciding whether you would like to get pregnant again and finding out if you will be physically able to bear children.

If you decide that you would like to become pregnant, your health care provider will guide you on whether it is safe to get pregnant, when it would be safe to try to become pregnant, and the likelihood that you will be able to have a child. To help you make your decision a reality, fistula care services offer family planning counseling and methods to fit your needs. For a healthier outcome, you are recommended to postpone your pregnancy following fistula repair until:

- You are completely healed (e.g., at least nine months after surgery).
- You are able to plan to attend antenatal care as soon as you know that you are pregnant.
- You are able to plan for a hospital birth by cesarean section.
- You can make a transportation plan for getting to the hospital for delivery, including setting aside funds to cover those costs.

Whether you want to get pregnant or not, it is important to discuss your childbearing plans with your partner/spouse and health care provider. The provider can assist you in choosing a family planning method, depending on when you want to become pregnant or if you do not want to have another child.

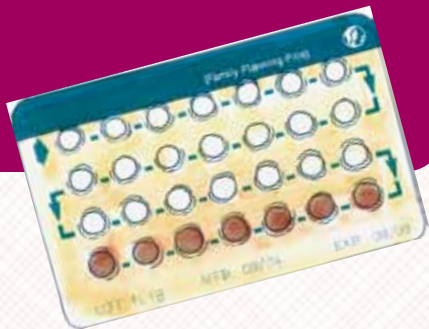
Make sure to talk with your health care provider about caring for yourself and about special considerations for your family planning needs following your fistula repair surgery.

To decide which family planning method to use now, you should consider the following questions:

- Do you need to delay pregnancy during the first 9–12 months following fistula repair, but want to have a baby shortly after that period?
- How much time do you want to allow between this first baby and the next?
- Do you want to stop having babies completely?
- Are you unsure whether you are finished having babies but know you do not want to get pregnant in the next three or more years?

This booklet can help you to decide which method you may want to use, based on your answers to the questions above. When you choose a method, your health care provider or counselor will ask you questions (and, in some cases, do a physical examination) to make sure that the method will be safe for you to use.

THE PILL



Summary

The pill (also known as the oral contraceptive) is a small tablet that you take every day to prevent pregnancy. **It is most effective when taken at about the same time each day. When you stop taking the pill, you can become pregnant.**

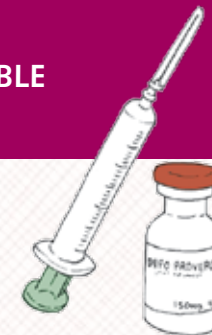
Characteristics

- The pill can be used by women of childbearing age, regardless of whether they have had children, for as long as they want to prevent pregnancy.
- During pill use, monthly periods are regular and bleeding is lighter than periods before use of the pill.
- The pill may cause nausea, mild headaches, and breast tenderness during the first 3–4 months; some women experience slight weight gain. Some women experience irregular bleeding for the first month or two that they take the pill.
- The pill does not protect against sexually transmitted infections (STIs), including HIV.

If you want to have a baby soon after your fistula repair healing period or if you want to space future pregnancies, the pill may be a good method.



THE INJECTABLE



Summary

The injectable is a family planning injection given to a woman at regular intervals by a trained health provider. One commonly used injectable is Depo-Provera, which is given by injection every three months. You can become pregnant after you stop taking the injection, but this may take several months. **For more effective use, get repeat injections on time.**

Characteristics

- The injectable is private. No one else can tell that you are using a family planning method.
- One injection prevents pregnancy for extended periods of time.
- Changes in menstrual bleeding often occur, including light spotting or bleeding and temporary absence of menstruation (if you use Depo Provera); the injectable may also cause weight gain (average of 1–2 kg).
- The injectable does not protect against sexually transmitted infections (STIs), including HIV.

If you want to delay your first pregnancy after the fistula repair healing period or space future pregnancies, the injectable may be a good method.

HORMONAL IMPLANTS

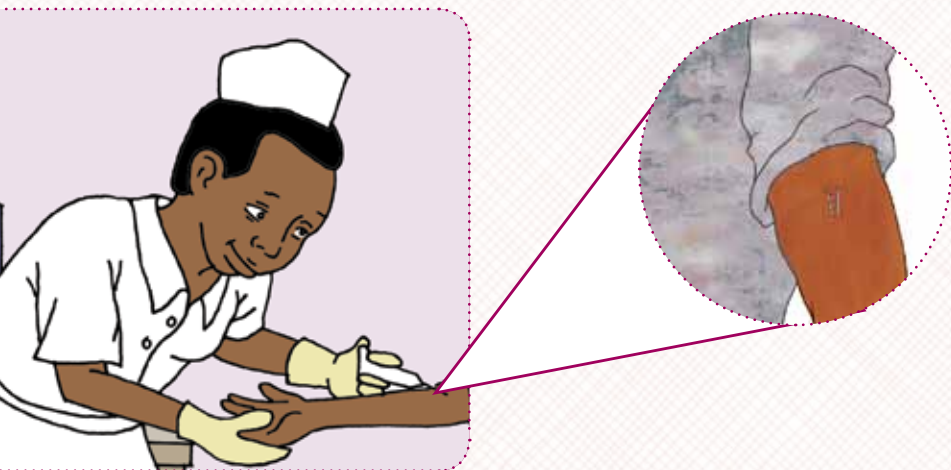
Summary

Hormonal implants are a set of small capsules—or just one capsule—placed under the skin of the upper arm by a trained provider. The capsule(s) can prevent pregnancy for an extended time period: seven years (Norplant®), five years (Jadelle®), four years (Sino-Implant (II))®, or three years (Implanon®). The capsule(s) must be removed or replaced after this time, when they no longer protect against pregnancy. The capsule(s) can be removed earlier if you wish to become pregnant.

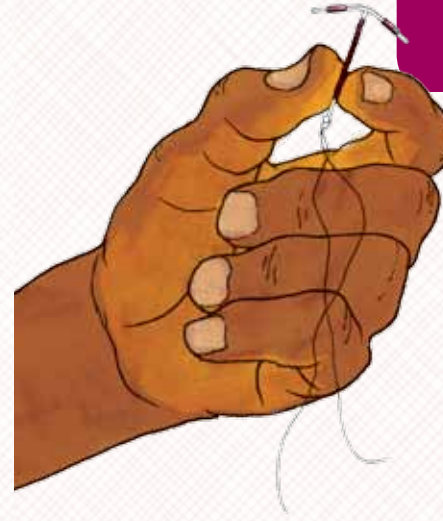
Characteristics

- The hormonal implant is effective within 24 hours of insertion.
- Normal fertility returns almost immediately after the capsules are removed.
- Light spotting or bleeding between monthly periods improves over time; temporary absence of menstrual periods may occur.
- The hormonal implant does not protect against sexually transmitted infections (STIs), including HIV.

If you want to space pregnancies for a long period or are not sure whether you will want any more children, the implant may be a good method.



INTRAUTERINE DEVICE



Summary

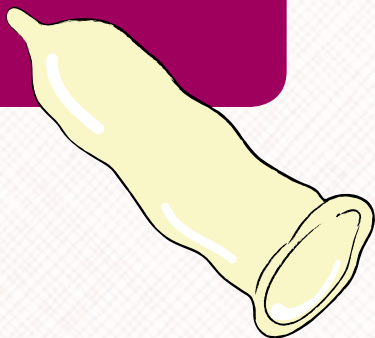
The intrauterine device (IUD) is a small, flexible device that is placed inside your womb through your vagina to prevent pregnancy. It prevents pregnancy for up to 12 years, but it can be taken out sooner if you wish to become pregnant. Normal fertility is not affected by the IUD.

Characteristics

- The IUD is effective immediately. After the IUD has been removed, you can become pregnant right away; there is no delay.
- The IUD can be inserted immediately after childbirth or after induced or incomplete abortion (if there are no signs of infection).
- Women using the IUD may experience menstrual changes, have slightly longer and heavier periods, or have cramping during periods and bleeding between periods during the first three months of use, depending on the type of IUD used.
- The IUD does not protect against sexually transmitted infections (STIs), including HIV.

If you want to space pregnancies for a long period or are not sure whether you will want any more children, the IUD may be a good method.

MALE CONDOM



Summary

The condom is a close-fitting rubber sheath that a man wears on his erect penis during sexual intercourse. Condoms prevent sexually transmitted infections (STIs), including HIV, as well as pregnancy. **For more effective use, use the male condom correctly every time you have sex.**

Characteristics

- The male condom is an effective option for dual protection when used with every act of sex; it is also an effective option when it is used with another family planning method (what is called dual method use).
- It enables a man to share responsibility for preventing pregnancy and infection; it requires the man's cooperation and correct use each time.
- Storing condoms for too long in too much heat or sunlight may weaken them, causing them to break during use. Using certain substances to make the condom wet (such as Vaseline®, baby oil, hand lotion, vegetable oil, or anything made with oil) can damage the condom, which might make it burst.

If you want to become pregnant shortly after the fistula repair healing period, the male condom may be a good method for you and your partner/spouse.

FEMALE CONDOM



Summary

The female condom is a sheath of thin, transparent, soft plastic (polyurethane) that you put inside your vagina before sex. **For more effective use, use the female condom correctly every time you have sex.**

Characteristics

- The female condom prevents pregnancy and protects against sexually transmitted infections (STIs), including HIV; it is also effective for dual protection.
- The female condom is more expensive than the male condom.
- The female condom allows women to take an active role in protecting themselves against both pregnancy and STIs; it requires the partner's cooperation.

If you want to become pregnant shortly after the fistula repair healing period, the female condom may be a good option.

Summary

The standard days method (SDM) is a family planning method that uses beads to help women/couples identify the fertile days in the woman's menstrual cycle. If no pregnancy is wanted, the couple avoids sexual contact during the fertile days. If a pregnancy is wanted, the couple has sexual contact during the fertile days.

For more effective use in avoiding pregnancy, abstain or use condoms on fertile days.



Characteristics

- SDM is acceptable to religions that do not support the use of “artificial” family planning methods.
- The method can be used to either achieve or prevent pregnancy.
- SDM requires the partner's cooperation.
- SDM helps couples learn about their bodies.
- It does not protect against sexually transmitted infections (STIs), including HIV.

If you want to become pregnant shortly after the fistula repair healing period, SDM may be a good option.

Summary

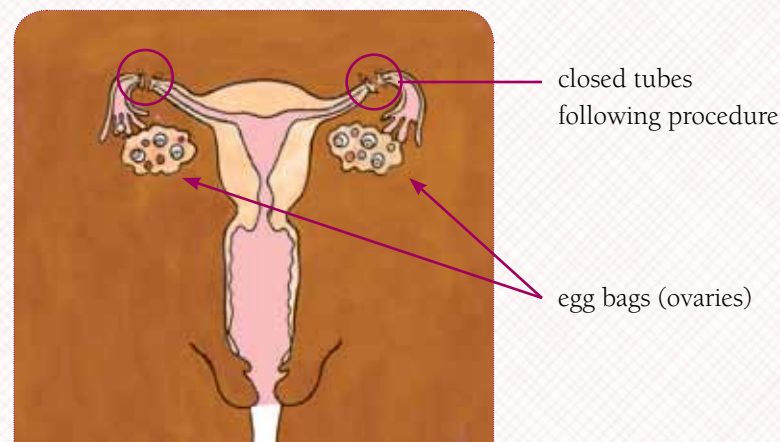
Female sterilization (also called tubal ligation or tubectomy) is a permanent procedure that closes the tubes that carry eggs from the egg bags (ovaries) to the womb. A small cut is made in your abdomen (belly), and the tubes are blocked to prevent the sperm and egg from meeting. After the procedure is performed, you still have your periods, but you cannot become pregnant any more.

Characteristics

- Female sterilization is permanent. A single procedure leads to lifelong, safe, and very effective prevention of pregnancy.
- No supplies are needed, and no repeat clinic visits are required.
- Female sterilization does not protect against sexually transmitted infections (STIs), including HIV.

Note: Reversal surgery is not available. Women who may want to become pregnant in the future should choose a different method.

If you are sure that you do not want any more children in the future, female sterilization may be a good method.



Summary

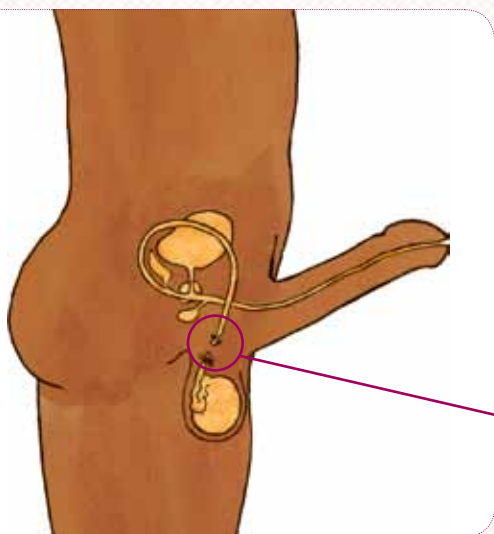
Vasectomy is a permanent method for men who want to stop having children. It involves a short, simple procedure to cut or block the tubes that carry the sperm from a man's testicles (balls) to the penis. After a vasectomy, a man can have sex just as before, but he will not make his partner pregnant. However, he can still make a woman pregnant in the first three months after the procedure.

Characteristics

- Vasectomy does not affect a man's ability to have sex.
- The procedure is not **immediately effective**; the couple must use another family planning method during the first three months following vasectomy.
- Vasectomy does not protect against sexually transmitted infections (STIs), including HIV.

If you and your partner/spouse do not want any more children in the future, vasectomy will be a good method.

cut tubes following procedure



At times, a variety of situations may occur that will put you at risk of unplanned pregnancy. These situations may include:

- You forgot to take your pill.
- His condom broke; your condom got displaced.
- He did not pull out in time.
- You were not using any family planning method.
- He forced you to have unprotected sex.

For protection from pregnancy after unprotected sex, emergency contraception is a good option.

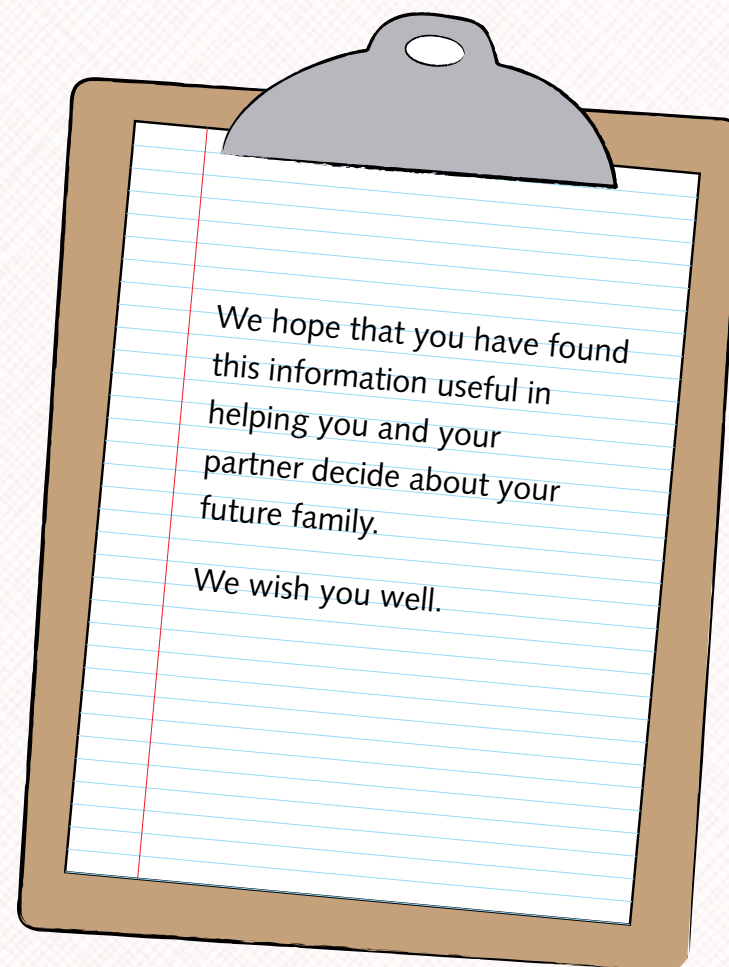
- Emergency contraception is designed to prevent pregnancy after unprotected vaginal intercourse. *Note:* Emergency contraception does not interrupt an established pregnancy.
- Emergency contraception can be provided in two ways:
 - Emergency contraceptive pills can reduce the risk of pregnancy if they are started within 5 days after unprotected vaginal intercourse; however, the sooner they are taken, the better they work.
 - Nausea, vomiting, and cramping are common side effects when some types of pills are used.
 - You can continue using combined oral contraceptives for your ongoing family planning method immediately after completing the course of emergency contraceptive pills.
 - Emergency IUD insertion within five days of unprotected intercourse is highly effective. You can keep the IUD in place and continue with it as your ongoing family planning method, if this method is available for emergency contraception.

Neither emergency contraceptive pills nor emergency IUD insertion provide any protection against sexually transmitted infections (STIs) and HIV.

SPECIAL NOTE FOR WOMEN WHO ARE HIV-POSITIVE

In rebuilding your life, there is another area for consideration. If you are HIV-positive, you may want to have children. Getting pregnant while infected with HIV carries some risks for you and your baby, including the risk of passing HIV to the baby during pregnancy, labor, and childbirth or while breastfeeding. You can reduce the risk of passing HIV to your baby by:

- Taking appropriate AIDS medicines, known as antiretrovirals (ARVs), both as treatment when you have AIDS or as prevention, to avoid passing on the virus to your baby
- Giving your baby ARVs within 72 hours of delivery, to protect him or her against HIV infection
- Delivering your baby by operation (cesarean section)
- Talking with your health care provider about a safe way to feed your baby, such as exclusive breastfeeding or exclusive use of formula.
- Using condoms during pregnancy to avoid infection with another strain of HIV or with an STI.



This guide was written by Betty Farrell. Thanks go to Dr. Isaac Achwal, Karen Beattie, Dr. Levent Cagatay, Dr. Jeanne Kabagema, Mieke Mckay, Carrie Ngongo, and Dr. Joseph Ruminjo for their review and input. We appreciate the helpful feedback from Edith Mukisa and Peter Mukasa following pilot testing in Uganda. We are grateful to Michael Klitsch for editing and Weronika Murray, Tor de Vries, and Julianne Deitch for assistance with design and production. The guide was made possible by the generous support of the American people through the U.S. Agency for International Development (USAID), under the terms of the cooperative agreement GHS-A-00-07-00021-00 (the Fistula Care Project). The information provided here does not necessarily represent the views or positions of USAID or of the U.S. Government.

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