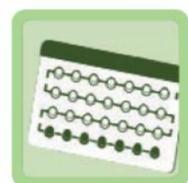


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Modern Methods of Family Planning A Quick Reference Guide



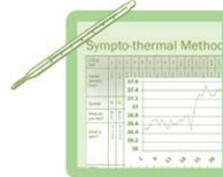
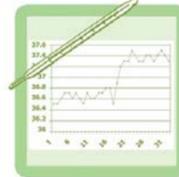
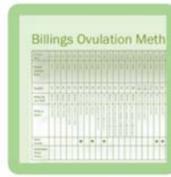
Methods:	Pills		Injectables		Condom	Intra-uterine device (IUD)	Bilateral tubal ligation (BTL)	No-Scalpel Vasectomy (NSV)
Description:	Have two kinds: <ul style="list-style-type: none"> • Low-dose combined oral contraceptives (COCs) Contain hormones similar to the woman's natural hormones – estrogen and progesterone • Progestin-Only Pills (POPs) Contain a small amount of progestin which is similar to the woman's hormone, progesterone. Do not contain estrogen. 		Have two kinds: <ul style="list-style-type: none"> • Combined Injectable Contraceptive (CIC) Contain estrogen and progestin in an injectable form. Injected monthly. • Progestin-Only Injectable (POI) Contain synthetic progestin, which resembles the female hormone progesterone. Injected every 2 or 3 months. 		A sheath made of thin, latex rubber made to fit over a man's erect penis	The TCu380A looks like the letter "T" and contains barium sulfate so that it can be seen by x-ray. There are small copper bands on each "arm" of the T, which ensure that copper is released high in the fundus of the uterus. The "stem" is also wound with copper wire. A thin polyethylene string is attached to the bottom of the stem for easy removal.	Provides permanent contraception for women who will not want any more children. A safe and simple surgical procedure done by tying and cutting the segment of the 2 fallopian tubes located on both sides of the uterus.	Provides permanent contraception for men who decide they will not want any more children. A safe, simple & quick surgical procedure. Can be done in a clinic or office with proper infection prevention practices. Involves tying and cutting a segment of the 2 vas deferens which serve as the passageway of the sperm. (A small puncture on the scrotum without using a scalpel is made to get to the vas deferens.)
Mechanism of Action:	Prevent ovulation and thicken cervical mucus making it difficult for sperm to enter the uterus. Taken daily.		Prevent ovulation and thicken cervical mucus making it difficult for sperm to enter the uterus. Injected in the upper arm or buttocks.		Provides physical barrier to prevent sperm from entering the uterus	Acts primarily by preventing fertilization. Copper ions decrease sperm motility and function by altering the uterine and tubal fluid environment, thus preventing sperm from reaching the fallopian tube and fertilizing the egg.	With the tubes locked, the woman's egg cannot meet the man's sperm.	With the vas deferens blocked, there will be no sperm in the semen. The man continues to have erections and ejaculate semen.
Effect: (Temporary / Long-acting / Permanent)	Temporary		Temporary		Temporary	Long-acting	Permanent	Permanent
Best used by:	Almost all women		Almost all women		All men	Almost all women	Women or for couples who have achieved their desired number of children	Men or for couple who have achieved their desired number of children
Who cannot use the method:	<ul style="list-style-type: none"> • COCs - Breastfeeding women because it can affect quantity & quality of breast milk. • COCs and POPs - Clients with current breast cancer, with liver diseases, and with deep vein thrombosis. 		<ul style="list-style-type: none"> • CIC Breastfeeding women because it can affect quantity & quality of breast milk. • POI If with breast cancer within the past 5 years. 		Men who have severe allergy to latex.	Women who have cervical cancer, unexplained vaginal bleeding, pelvic inflammatory disease (PID), STI, puerperal and post-abortion sepsis		
Effectiveness:	COCs	POPs	CIC	POI				
Perfect use (with correct & consistent use)	99.7% effective (Only 3 pregnancies for every 1,000 women)	99.5% effective (Only 5 pregnancies for every 1,000 women)	99% effective (Only 1 pregnancy for every 100 women)	99.7% effective (Only 3 pregnancies for every 1,000 women)	98% effective (Only 2 pregnancies for every 100 women)	99.4% effective (Only 6 pregnancies for every 1,000 women) Effective for 12 years	99.5% effective (Only 5 pregnancies for every 1,000 women)	99.9% effective (Only 1 pregnancy for every 1,000 women)
Typical use (with common use)	92% (Only 8 pregnancies for every 100 women)	99% (Only 1 pregnancy for every 100 women)	97% (Only 3 pregnancies for every 100 women)	97% (Only 3 pregnancies for every 100 women)	85% effective (Only 15 pregnancies for every 100 women)	99.2% effective (Only 8 pregnancies for every 1,000 women)	99.5% effective (Only 5 pregnancies for every 1,000 women)	99.8% effective (Only 2 pregnancies for every 1,000 women)
Non-contraceptive benefits	Help prevent certain cancers, anaemia, menstrual cramps, and irregular bleeding		Help prevent iron deficiency anemia because of scanty menses & amenorrhea, reduce risk of ectopic pregnancy & prevent endometrial cancer.		Offers dual protection from STI, HIV, and also prevents pregnancy (dual protection)	None	None	None
Possible side effects, if any:	Some users may experience amenorrhea, nausea, spotting, change in weight, mild headaches or moodiness in the first 3 months of use. Not dangerous		Bleeding changes --- spotting, light bleeding between period, some amenorrheic. Some weight gain & mild headache.		Some men say that condoms interrupt sex & reduce sensation.	Menstruation may be heavier and longer at first. Brief discomfort after IUD is inserted.	Pain over the operative site which subsides usually after 2 days	Discomfort for 2-3 days; Pain in the scrotum area; Swelling and bruising which subsides after 2-3 days

Planuhin ang Pamilya,
Planuhin ang Kinabukasan



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Methods:	Billings Ovulation Method (BOM)	Basal Body Temperature (BTT)	Sympto-Thermal Method	Standard Days Method	Lactational Amenorrhea Method (LAM)
Description:	Based on the daily observation of what a woman sees & feels at the vaginal area throughout the day. Relies on changes in quality of cervical mucus to indicate fertile or infertile days. Can be used to avoid or achieve pregnancy.	Based on the woman's resting body temperature (for example, body temperature after 3 hours of continuous sleep). Usually lower before ovulation and higher at the start of ovulation Estimates the start of infertile period from the 4th day of high temperature reading to the last day of the menstrual cycle. All days from the start of the menstrual cycle up to the 3rd high temperature reading are considered fertile days.	Based on the combined technology of the BOM & BBT. The following determines when the woman is fertile or infertile: <ul style="list-style-type: none"> Resting body temperature Observations on mucus changes Other signs like breast engorgement, lower abdominal pain 	Based on a calculated fertile and infertile period for menstrual cycle duration that lasts for 26 to 32 days. Uses a device called "cycle beads" to mark the fertile & infertile days of the menstrual cycle	Refers to the use of exclusive breastfeeding as a temporary family planning method. Relies on the condition of infertility that results from specific breastfeeding patterns.
Mechanism of Action:	Couples abstain from sex during fertile days to prevent pregnancy. Requires cooperation of male partner.	Couples abstain from sex during fertile days to prevent pregnancy. Requires cooperation of male partner.	Couples abstain from sex during fertile days to prevent pregnancy. Requires cooperation of male partner.	Sexual intercourse is avoided on days 8-19 to avoid pregnancy. Requires cooperation of male partner.	Frequent exclusive breastfeeding helps prevent temporarily the release of the natural hormones needed for ovulation.
Effect: <small>(Temporary / Long-acting / Permanent)</small>	Temporary	Temporary	Temporary	Temporary	Temporary
Best used by:	Women with regular or irregular menstrual cycles	Women with regular or irregular menstrual cycles	Women with regular or irregular menstrual cycles	Women with menstrual cycle lasting for 26 to 32 days.	A woman who meets the following criteria: <ol style="list-style-type: none"> Exclusively breastfeeds her infant Has not yet experienced regular monthly menstrual period Whose infant is less than six months old. If any of these criteria is not met, she is no longer qualified to use LAM.
Who cannot use the method:				Not for women whose cycle is shorter than 26 days or longer than 32 days.	
Effectiveness:					
Perfect use <small>(with correct & consistent use)</small>	97% effective (Only 3 pregnancies for every 100 women)	99% effective (Only 1 pregnancy for every 100 women)	98% effective (Only 2 pregnancies for every 100 women)	95% effective (Only 5 pregnancies for every 100 women)	99.5% effective (Only 5 pregnancies for every 1,000 women)
Typical use <small>(with common use)</small>	80% effective (About 20 pregnancies for every 100 women)	80% effective (At most 20 pregnancies for every 100 women)		88% effective (About 12 pregnancies for every 100 women)	98% effective (Only 2 pregnancies for every 100 women)
Non-contraceptive benefits	None	None	None	None	Breastfeeding improves infant's health & reduces a woman's risk of post-partum hemorrhage.
Possible side effects, if any:	None	None	None	None	None

Sources: The Philippine Clinical Standards Manual (PCSM) on Family Planning, DoH, 2006; Family Planning Competency-Based Training (FP CBT) Manual, DoH, 2009.

Note: For other FP methods, please refer to the 2006 PCSM on FP and 2009 FP CBT Manual.

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