

CONTRACEPTION

Periodic abstention methods

These methods identify a woman's fertile period, which in the course of a normal cycle (about 28 days) lasts approximately 6 days, and consist in abstaining from sexual intercourse in the days identified as fertile. These methods are not recommended to those who do not apply them with great attention.

Coitus interruptus

In coitus interruptus the penis is withdrawn from the vagina before ejaculation. It can be a source of anxiety and endanger the couple's serenity.

It is considered unreliable for many reasons: pre-ejaculation, i.e. the emission of a small quantity of spermatozoa during intercourse, can happen unawares; withdrawal of the penis is not always done in perfect timing; sometimes ejaculation during preliminaries can result in semen on the vulva.

Condom

Condom is a barrier method, usually made of latex, which is put on the erected penis just before sexual intercourse. Among all kind of contraceptives, condom is the only method that protects from sexually transmitted diseases and AIDS. Sometimes one of the partners of the couple complains that condom is an unpleasant method. Its effectiveness depends on the ability of the user.

The probabilities that condoms can break during intercourse are rather high.

Non-medicated Intrauterine Device

The Intrauterine Device or IUD is used to inhibit implantation of a fertilized egg in the endometrium.

IUD is a highly effective contraceptive but can increase risks of inflammations or contracting infections; it is not indicated in woman who have not previously had children. IUDs have to be inserted or removed by a doctor.

Hormonal contraception

Hormonal contraception is the most effective contraceptive method because it stops ovulation. The hormone which induces this mechanism is the progestin hormone, included in all types of hormonal contraceptives. There are various kinds of hormonal contraceptives, which combine different quantities of progestin and oestrogen; however, oestrogen-free contraceptives are also available. Oestrogen-free contraceptives are effective as the combined types, with the advantage that they can be used by women who do not want to take oestrogen to avoid oestrogen-related side effects. While the pill has to be taken orally every day, now many "non-pill" methods are available, hormonal contraceptives with various ways of consumption: they do not require daily intake so as to avoid the risk of forgetting them, and are made to bypass the gastrointestinal tract, preventing problems caused by possible malabsorption.

These methods include:

- Multi-year contraception (subcutaneous implant, hormonal IUD). These are progestin-only methods and can be used by women at risk from intake of combined oestro-progestin contraceptives: cardiovascular risks, breastfeeding , migraine, smoking, diabetes (in these cases medical supervision may be necessary; your doctor will tell you what to do)
- Monthly contraception (vaginal ring: the non-oral method with the lowest daily dose of oestrogen currently available)
- Weekly contraception (contraceptive patch).

Modern hormonal contraceptives release a modest quantity of hormones and have few collateral effects; they do not interfere on sexuality. Recently new low-dose oestrogen-progestin pills, lighter and well tolerated, have been developed, together with a new totally oestrogen-free pill. The oestrogen-free pill contains only progestin and it is the only hormonal contraceptive which can be recommended for woman who smoke tobacco, are overweight , have cardiovascular problems or are breastfeeding.

Hormonal contraceptives reduce menstrual pain, ovulation pains and menstrual flux; in many cases they induce a psychological wellbeing deriving from a more serene and satisfying sexual life.

Hormonal contraceptives are a reversible method, allow a quick return to fertility after suspension. Using them is easy. To know about the different hormonal methods see your Gynaecologist or a

Family Counselling (Consultorio); do not refrain from asking for all the relevant information, to clear your doubts and find the right method for you.

Emergency contraception

Emergency contraception is carried out using one of the two drugs currently available and approved ("the morning after pill").

It is not to be considered a regular method of contraception, but for use in emergency cases only and not as a prevention method.

Emergency contraception has to be used as soon as possible (maximum within 72 or 120 hours after intercourse according to the drug used).

The effectiveness of this method, which has to be used only in extreme conditions, is high but not absolute, although it seems that the most recent drug is three times more effective if taken within 24 hours and twice more effective if taken within 72 hours. This does not mean that it can be used as a routine method. Its effectiveness increases depending on how short is the time passed since intercourse. It seems certain that these two drugs, if taken before ovulation, can prevent its natural evolution (contraceptive action), but they do not seem able to induce abortion of an implanted embryo and will not harm a developing embryo.

In case you intend to use emergency contraception, you can obtain a prescription from:

- Family Counselling (Consultorio Familiare)
- Your Gynaecologist
- Your Family Doctor
- Hospital Emergency Department and Casualty Ward
- Guardia Medica (out-of-hours healthcare services)

The present material does not intend in any way, directly or indirectly, to define or change therapies which remain under the exclusive responsibility of doctors. Indication included in this publication cannot substitute the doctor's prescriptions. Consult your doctor before deciding to change anything in your lifestyle.