Contraception and Abortion

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Contraception

- Contraception (Birth Control) prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implantation.

- Every month, a woman’s body begins the process that can potentially lead to pregnancy.
  - An egg (ovum) matures, the mucus that is secreted by the cervix changes to be more inviting to sperm, and the lining of the uterus grows in preparation for receiving a fertilized egg.
  - To avoid pregnancy, a reliable form of birth control should be adopted.
Contraception in the U.S: The Legal Battle

- The Comstock Law (1873): Federal law that prohibited the dissemination of birth-control information through the mail, on the grounds that it was obscene.
- In 1914, the National Birth Control League was established by Margaret Sanger.
- In 1918, the courts ruled that physicians must be allowed to disseminate information that might aid in the cure and prevention of diseases.
- In 1960, "the pill" was finally sold in the U.S.
- In 1965, the U.S Supreme Court struck down the remaining law against contraception.
- In 1973, abortion was legalized by the U.S Supreme Court.
Hormonal Methods of Contraception

- Oral Contraceptives aka “The Pill”
  - Most popular birth-control method among single women of reproductive age.
  - Combination Pill:
    - A birth-control pill that contains synthetic estrogen and progesterone.
    - How does the Combination Pill work?
      - The hormones in the pill fool the brain into acting as though the women is already pregnant so that ovulation does not occur.
      - Progestin increases the thickness and acidity of the cervical mucus, providing a barrier to sperm and inhibiting the development of the endometrium.
Hormonal Methods of Contraception

- **Minipill:**
  - A birth-control pill that contains synthetic progesterone but no estrogen.
  - How does the Minipill work?
    - Progestin thickens cervical mucus and make the inner lining of the uterus less receptive.
    - It usually does not prevent ovulation.
    - The Minipill is recommended for breastfeeding mothers because it does not limit/change milk production.
    - Safer than regular birth-control (containing estrogen) for women above the age of 35 years old, those who have high blood pressure, or have a history of blood clots.
    - Limited side effects...regular birth-control may cause headaches and/or stomach pains.
  - You must take the Minipill at the same time every day!
    - If you are more than 3 hours late (for the Minipill), you should take the missed dose immediately and use a secondary source of contraception for the next 2 days.
Hormonal Methods of Contraception

- Effectiveness of birth-control pills
  - Failure rate with perfect use is 0.5% or less.
  - Failure rate with typical use is 3%.

- Reversibility
  - May temporarily reduce fertility after use is discontinued but is not associated with permanent infertility.
  - 90% of women begin ovulating regularly within 3 months.
Hormonal Methods of Contraception

- **Advantages**
  - Nearly 100% effective with proper use.
  - Does not interfere with spontaneity or sensations.
  - Is associated with some healthful side effects: reduce menstrual cramps, lighten periods, and lower your risk of ectopic pregnancy.
  - The combination pill can also reduce or prevent: acne, bone thinning, cysts in the breasts and ovaries, endometrial and ovarian cancer, address iron deficiency, serious infections in the ovaries, fallopian tubes, and uterus, and PMS.

- **Disadvantages**
  - Does not protect against sexually transmitted infections.
  - May reduce the effectiveness of antibiotics.
  - Requires medical consultation.
  - May not be an option for women with certain preexisting conditions.
  - Temporary side effects.
Hormonal Methods of Contraception

- "Morning-After Pill"
  - Emergency Contraception
  - Pills that contain a high dose of estrogen and progestin.
  - They stop fertilization or prevent fertilized ovum from implanting in the uterus.
  - Most effective when taken within 72 hours after ovulation.
  - Nausea is a common side effect.
  - They are not recommended as a regular form of birth control.
  - Reduce chance of pregnancy by 75-89% if taken within 72 hours of having unprotected sex.
  - The longer you wait, the less effective.
  - Side effects: may impact the timeframe of your next period...earlier or later, heavier or lighter, or more spotty.
Hormonal Methods of Contraception

- Contraceptive Patch (Transdermal)
  - Thin square, 2x2 inches.
  - Placed on abdomen, buttocks, upper arm, or upper torso.
  - Releases hormones into bloodstream.
  - Replaced weekly.
  - As effective as the pill.
  - Similar side effects and potential hazards as the pill.
Wearing the Patch

The contraceptive patch can be worn on four places on your body.

Abdomen | Upper Outer Arm | Upper Torso (front or back, but not your breasts) | Buttocks

Hormonal Methods of Contraception

- Injectable Contraceptives
  - Hormones that are injected monthly (Lunelle) or every 3 months (Depo-Provera).
  - Works like the pill.
  - Highly effective.
  - Side effects similar to those of the pill.
Methods of Contraception

- Intrauterine Devices (IUDs)
  - Small object that is inserted into the uterus and left in place to prevent contraception.
    - How does an IUD work?
    - Object may irritate uterus lining, resulting in the prevention of fertilization and/or implantation.
    - Some IUDs use hormones.
  - Effectiveness
    - Failure rate ranges from about 0.8% to 2%.
    - Women need to check string attached to device to make sure that it is in proper place.
Hormonal Methods of Contraception

The Birth Control Implant:

A tiny, thin rod about the size of a matchstick.

**Nexplanon**: releases the hormone progestin to stop you from getting pregnant.

**The hormones in the birth control implant prevent pregnancy in two ways:**

Progestin thickens the mucus on your cervix, which stops sperm from swimming through to your egg.

Progestin can also stop eggs from leaving your ovaries (called ovulation), so there’s no egg to fertilize.

99% Effective.

May cause irregular bleeding, headaches, nausea, and weight gain.
Methods of Contraception

- Intrauterine Devices (IUDs)
  - Reversibility
    - Device is removed readily.
    - 9 of 10 women will become pregnant within 1 year.
  - Advantages
    - Highly effective; does not diminish spontaneity or sensations; once in place, woman only need to check it if it remains in place.
  - Disadvantages
    - Insertion can be painful; side effects include excessive menstrual cramping, irregular bleeding, and heavier than usual menstrual bleeding; may increase the risk of pelvic inflammatory disease and ectopic pregnancies.
Barrier Methods of Contraception

- **Diaphragm**
  - Shallow rubber cup or dome fitted to the contour of a woman’s vagina that is coated with spermicide and inserted prior to coitus.
  - How does a diaphragm work?
    - In combination with spermicide, it forms a barrier against sperm.
  - How is it used?
    - Should be inserted no more than two hours before coitus and kept in place at least six hours after coitus.
Barrier Methods of Contraception

- Diaphragm
  - Effectiveness
    - Failure rate is about 6% with proper use and 18% with typical use.
  - Reversibility
    - Fully reversible
  - Advantages
    - Does not alter hormone production or reproductive cycle; absence of side effects.
  - Disadvantages
    - High failure rate; loss of spontaneity; potential for infections due to irritation.
Barrier Methods of Contraception

- Spermicides
  - Agents that kill sperm (come in film, foam, and suppository forms).
  - How they are used: Should be used no more than 60 minutes before coitus.
  - How they work: They coat cervical opening, blocking and killing sperm.
  - Effectiveness: The first-year failure rate is 21% when used alone.
  - Reversibility: Fully reversible.
  - Advantages: They do not alter natural biological processes; wide availability; modest cost.
  - Disadvantages: High failure rate; may cause vaginal or penile irritation; No STI protection.
How to use spermicides
Barrier Methods to Contraception

- **Cervical Cap**
  - Dome-shaped rubber cup that must be fitted by a health professional and fits snugly over the cervical opening.
  - Smaller than a diaphragm.
  - How it is used: Needs to be used with spermicide.
  - How it works: Provides a barrier against sperm.
  - Effectiveness: Failure rate in typical use ranges from 18% to 36%.
  - Reversibility: Is fully reversible.
  - Advantages: Does not affect biological processes.
  - Disadvantages: Some find it uncomfortable; may become dislodged; may increase infections.
Cervical Cap

Barrier method: The cervical cap fits snugly over the cervix, preventing sperm from entering the uterus

Cervical cap blocks sperm from entering cervix
Spermicide
Sperm
Spermicide inside diaphragm kills sperm
Barrier Methods of Contraception

- **Condom(s)**
  - Prophylactic – agent that protects against disease.
    - Regained popularity to prevent transmission of HIV/AIDS and STIs.
  - How do condom work?
    - Prevents passage of sperm and disease-carrying microorganisms.
  - How are condoms used?
    - Rolled onto the entire penis once erection is achieved, leaving room at the tip of the penis for semen.
    - May be used with spermicide.
Barrier Methods of Contraception

- **Condom(s)**
  - Effectiveness: Failure rate is at 12%.
  - Reversibility: Is fully reversible.
  - Advantages:
    - Readily available.
    - Does not affect production of hormones, ova, or sperm.
    - Relatively free of side effects.
    - Offer protection against sexually transmitted infections.
  - Disadvantages:
    - Decreases spontaneity.
    - May lessen sensations.
Flavored Condoms

The flavor may be on the lubricant and/or coated on the condom.

Mint, Grape, Orange, Strawberry, Bubblegum, Bacon, and Cola.

Great for Oral Sex.

If used for vaginal sex, make sure that the flavored condom is sugar free...sugar in the vagina can increase the threat of yeast infections.
Studded or Textured Condoms

These condoms are shaped or textured to increase pleasure for her, him, or both partners.

Some of the condoms may have two sections of ribs, one at the top and at the base...adds stimulation for the female.

Others may contain hundreds of raised studs on the outside for female satisfaction or inside to enhance male enjoyment.
Warming Condoms

Made of thinner latex to heighten sensation.

Includes a warming lubricant that is activated by natural body moisture and heats up during intercourse.
Tingling Pleasure Condoms

Provide an intensifying and tingling experience for both partners.

Contains a safe spearmint tingling lubricant.
Female Condom
Barrier Methods of Contraception

The Contraceptive Sponge

Provides a spermicidal barrier, no fitting is required.

At the moment, this method is not allowed in the U.S.
Non-Methods of Contraception

- **Douching:**
  - To rinse or wash the vaginal canal by inserting a liquid and allowing it to drain out.
  - Considered an unreliable contraceptive method.

- **The Withdrawal Method:**
  - Man removes the penis from the vagina before ejaculating.
  - First-year failure rate is about 20%.
    - Sperm can be in pre-ejaculatory fluid.
    - Considered an unreliable contraceptive method.
Vaginal Douching
Sterilization

- Surgical procedures that render people incapable of reproduction without affecting sexual activity.
- Most common method of birth control among couples in committed relationships age 30 and above.
Male Sterilization: Vasectomy

- Completed in 15-20 minutes under local anesthesia.
- Sperm are prevented from reaching the urethra by cutting each vas deferens and tying it back or cauterizing it.
  - No-scalpel vasectomy
- Is relatively free of side effects and is nearly 100% effective.
- Reversal is not always successful.
Vasectomy
Female Sterilization: Tubal Sterilization

- Fallopian tubes are surgically blocked to prevent sperm meeting ova.
- Done under general anesthesia.
- Most common method.
- Does not disrupt sex drive or sexual response or induce premature menopause.
- Highly effective form of contraception, but less effective than male sterilization (0.4% failure rate).
- Should be considered irreversible.
- Some women may experience medical difficulties.
Tubal Sterilization

The fallopian tubes are tied off and cut apart.

Site of Tubal Ligation

- Cut and Tied
- Sealed Using Cautery
- Blocked Using a Plastic Band
- Blocked Using a Clip
When Does Human Life Begin?

- The moral concerns about abortion hinge on question of when human life begins.
- Religion offers no absolute answer.
- St. Thomas Aquinas (13th Century) said a male fetus acquires a human soul at 40 days, a female fetus after 80 days.
- Science offers no absolute answer...brain activity?
- Potential for life?
Induced Abortion

- Purposeful termination of a pregnancy before the embryo or fetus is capable of sustaining independent life.
- The great majority occur during the first trimester, when it is safest and least costly…fewer than 1% of first-trimester abortions lead to complications.
- 1/3 of women in the U.S will seek an abortion by the age of 45.
  - 45% are single.
  - 2 in 5 are below poverty level.
  - 18% are teens.
  - 45% of all pregnancies among U.S women in 2011 were unintended.
    - 42% of these unintended pregnancies ended in abortion.
Reasons for Abortion

- Psychological factors
- External circumstances (rape)
- Desire to reduce disadvantage for self and child
  - Physical
  - Economic
  - Social
Perspectives on Abortion

- Attitudes towards abortion have varied across cultures and eras.
- Legal in the U.S from 1607 to 1828.
- Became illegal in 1900 (In part due to a national desire to increase the population and medical concerns over protecting women).
- Roe v. Wade (1973): Supreme Court legalized abortion nationwide...the right to an abortion is protected under Constitutional right to privacy.
  - Restrictions on abortions in the 2\textsuperscript{nd} Trimester (To protect the well-being of the women).
  - Restriction on abortions in the 3\textsuperscript{rd} Trimester (To protect a viable fetus).
Perspectives on Abortion

- Since 1973, many states enacted own laws on parental consent for minors seeking an abortion.
  - 29 of the 50 states have imposed major restrictions on abortion access.
  - Since 1973, states have enacted over 1,074 abortion restrictions.
  - ¼ of the restrictions were passed between 2010-2015.
    - Bans on late-term abortion
    - Restrictions on medication abortion
    - Enforcement of waiting periods
  - TRAP regulations...
    - Burdensome and unnecessary requirements for abortion providers and facilities.
      - Width of corridors, lighting, etc.
      - Physicians must hold admitting privileges to a local hospital.
Perspectives on Abortion

- A majority of people in the U.S support the legalization of abortion.
- Anti-abortion advocates believe that making abortion illegal will reduce abortions...
  - According to the Guttmacher Institute, countries that prohibit abortion have an abortion rate of 37 per 1,000 women while countries that have legalized abortion have an abortion rate of 34 per 1,000 women.
- However, the circumstances surrounding the abortion may affect some people’s attitude toward its legality.
  - Pro-Choice vs. Pro-Life
  - Pro-Choice vs. Anti-Abortion
Prior to Roe vs. Wade

- The American College of Obstetricians and Gynecologists estimate that prior to Roe vs. Wade (1973), there were 1.2 million illegal abortions attempted in the United States on an annual basis and unsafe abortions resulted in the death of approximately 5,000 women every year.

- To end an unintended pregnancy by unsafe means, women would commit self-inflicted abdominal and bodily trauma, ingest dangerous and toxic chemicals, attempt to self-medicate with a variety of drugs, and would rely on unqualified abortion providers.
  - Knitting needles and coat hangers were forced into the vagina and uterus.
  - Douching with solutions such as lye.
How Do We Reduce the Possibility of an Abortion?

- Sex Education
- Access to Family Planning
- Accessible and Free Birth Control

**TRENDS IN ABORTION**

**In 2014, the U.S. abortion rate reached a historic low**

![Graph showing trends in abortion rate from 1973 to 2014](www.guttmacher.org)
Abortion in the United States

Two-thirds of abortions occur at eight weeks of pregnancy or earlier; 89% occur in the first 12 weeks, 2013

*In weeks from the last menstrual period.

www.guttmacher.org
# Abortion in the United States

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Methods of Abortion

- Vacuum Aspiration:
  - Removal of the uterine contents via suction.
  - Used early in pregnancy.
  - Safest and most common method (over 90% of abortions).
  - Complications are rare.
Vacuum Aspiration
Methods of Abortion

- Dilation and Curettage:
  - An operation in which the cervix is dilated and uterine contents are then gently scraped away.
  - Performed between 8 and 20 weeks.
  - Risks include hemorrhaging, infection, and perforation
Dilation and Curettage
Methods of Abortion

- **Dilation and Evacuation:**
  - Combines suction and the D&C procedure.
  - Used most commonly in the second trimester.
  - Complications are similar to those of D&C
Methods of Abortion

- Inducing labor by intra-amniotic infusion:
  - Substance is injected into amniotic sac to induce premature labor and delivery.
  - Used in the second trimester when fetal development is so progressed that other methods cannot be used.
  - Accounts for only a small number of abortions.
Methods of Abortion

- Hysterotomy:
  - Fetus is removed by cesarean section.
  - Performed in the late second trimester.
  - Performed very rarely.
Methods of Abortion

- Abortion Drugs:
  - RU-486 (Mifepristone):
    - Induces early abortion by blocking effects of progesterone.
    - Can only be used within 49 days of the beginning of the woman’s last menstrual period.