

In this concluding article on family planning, let's take a look at hormonal methods in spacing out pregnancies.

**I**n my last article, I wrote about the importance of spacing pregnancies. When women have pregnancies that are too close together, their bodies do not have time to recover and are therefore not strong enough to support the next pregnancy.

Furthermore, poor family planning can also put a strain on family resources. With prices of petrol and basic goods increasing, a family has to plan carefully for the future, especially for the children's education.

I have described the various methods of contraceptives that do not require the use of hormones, such as condoms and diaphragms, intrauterine devices, natural methods (breast-feeding and keeping track of the cycle), and sterilisation.

In this article, I will describe the hormonal methods. There are four types of hormonal contraceptives that can be used in family planning.

**Hormone injection**

This method uses the injection of a hormone called depot medroxyprogesterone acetate, which can be given at six weeks after she has given birth. The hormone prevents pregnancy by preventing ovulation (the release of eggs by your ovaries every month).

The injection, given in the upper arm or buttock, lasts for three months, so you have to get another shot every three months.

It is a highly-reliable (96.9-99.7% success rates), non-oestrogenic method of contraception that is suitable for women who cannot remember to take a pill every day.

This injection is also reversible, but it may take between six and 12 months to get pregnant again after stopping the injections.

**Hormonal implants**

Here is another method that doesn't require you to keep track of something or remember to take a pill every day. Hormonal implants are small plastic capsules inserted under the skin of a woman's upper arm, starting from six weeks after she delivers her baby.

The capsule delivers small, continuous doses of the hormone progesterin that blocks ovulation and thickens the mucous of the cervix, making it impossible for sperm to reach the egg.

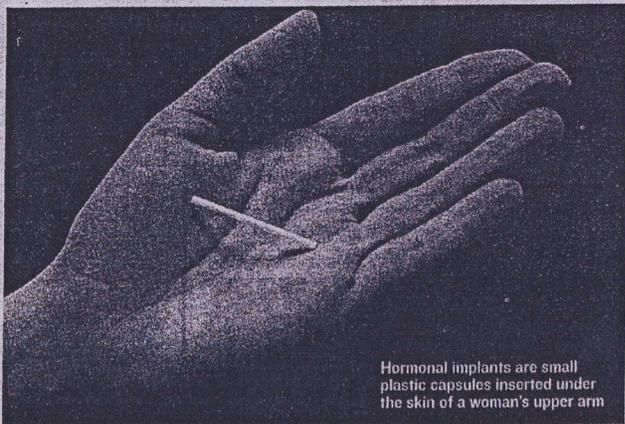
The effects can last for up to three years, and are reversible soon after the capsule is removed.

However, hormonal implants can cause side-effects, such as spotting between menstrual periods, longer or heavier periods, or even no periods at all.

**Combined oral contraceptive pills**

Birth control pills (sometimes generally called "the Pill") are a common form of contraception used by women. There are several types

# Planning families with hormones



Hormonal implants are small plastic capsules inserted under the skin of a woman's upper arm

of contraceptive pills, depending on what kinds of hormones they contain.

The combined pills contain oestrogen and progesterin, which prevent pregnancy by inhibiting ovulation, thickening the cervical mucus and changing the endometrium so that the fertilised egg is less likely to be implanted.

Women who have just had a baby should only begin taking these pills six months after childbirth. These pills are not safe for women who smoke, particularly if they are over 35.

The success rate of the combined pill is 92.4% in the first year, and 99.9% for compliant users (women who take the pill regularly).

**Progesterin-only pills**

Progesterin-only pills are also known as "mini pills". They work in the same way as the combined pills. This pill is also recommended for breastfeeding mothers as it does not reduce the breast milk.

The difference is that progesterin-only pills can be taken as early as two to three weeks after delivery. The success rates are similarly high for women who can keep to the routine of taking the pill every day. However because it is a low dose pill, it has to be taken at almost the same time everyday in order for it to be effective.

**Emergency contraceptive pills or 'the morning-after' or day-after pill'**

You can use emergency contraception right away - or up to 72 hours after intercourse - if you think your birth control failed, you didn't

use contraception, or you were forced to have sex.

Emergency contraception makes it much less likely you will get pregnant. But emergency contraceptives are not as effective as birth control that's used before or during sex, like the pill or condoms. So if you are sexually active or planning to be, don't use emergency contraception as your only protection against pregnancy.

One of the most recent developments is the emergency contraceptive pill, although this is not strictly a family planning method. This pill contains the hormone levonogestrel.

Emergency contraception mostly works to prevent or delay ovulation. It may also prevent a fertilised egg from sticking to the wall of the uterus.

**How effective is the emergency pill**

It is very effective and is more effective the sooner it is taken after sex. However, it is not as effective as using other methods of contraception regularly.

Of the pregnancies that could be expected to have occurred if no emergency contraception had been used, the emergency pill will prevent:

- Up to 95% if taken within 24 hours
  - Up to 85% if taken between 25-48 hours
  - Up to 58% if taken between 49-72 hours
- If the emergency pill is taken after 72 hours, its ability to prevent a pregnancy decreases over time.

Side-effects include nausea and vomiting in up to one-fifth of women. It can disrupt your



periods. You may have some irregular bleeding between taking the emergency pill and your next period. This can range from spotting to being quite heavy.

**Which method suits you best?**

As you can see, there are so many methods to choose for family planning. However, you cannot just pick any method at whim - this is a decision that has to be made carefully after considering your needs, and discussing with your partner and doctor.

The method must also be suitable to your body's needs and your current state of health. Here are some questions you should ask yourself:

- Which will work best with my schedule and habits? If I have an irregular schedule or am forgetful, will the oral contraceptives be suitable for me?
- Are there extra health benefits from a particular method?
- Which method has possible unwanted side-effects or complications?
- Am I protected against sexually transmitted diseases?
- Which kind is the most appropriate for my current state of health?
- How effective is it?
- Will it suit my current lifestyle or relationship between me and my partner?

With these answers and a thorough medical check-up, you will be ready to practise responsible family planning, to ensure good health for yourself and your children.

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STATINS, the class of drugs commonly used for lowering cholesterol, are now showing promise at preventing deep vein thrombosis (DVT) or blood clots.

New research presented at CHEST 2008, the 74th annual international scientific assembly of the American College of Chest Physicians (ACCP), suggests that the use of statins may be associated with a significant reduction in the occurrence of venous thromboembolism (VTE), a condition that includes DVT and pulmonary embolism, in patients with solid organ tumors, including breast, lung, and colon cancers.

"The results of our research are interesting and thought provoking," said study author Dr Danaï Khemasuwan, Albert Einstein Medical Center, Philadelphia. "We hope that our research alerts the scientific community to the potential of statins in reducing VTE."

Dr Khemasuwan and his colleagues from Albert Einstein Medical Center evaluated the influence of statins use on the incidence of

## Statins for clots?

### Statins show promise for blood clot prevention.

VTE by reviewing 740 consecutive patients admitted to the hospital between October 2004 and September 2007 with a diagnosis of breast, lung, colon, prostate, stomach, oesophagus, pancreas, ovary, kidney, or brain cancer.

The occurrence of VTE, risk factors for VTE, and use of statins were recorded. Patients who either used statins for less than two months or who never used statins were allocated to the control group.

The mean age of the entire study population was 65 years, 52% of subjects were women, and 76% were African-American. A total of 26% of patients received statins, and the overall incidence of VTE was 18%.

The analysis revealed that patients receiv-

ing statins were significantly less likely to develop VTE than the control group, with 8% of patients receiving statins developing VTE compared with 21% in the control group. A logistical regression analysis yielded the same results irrespective of smoking, documented metastatic disease, current use of chemotherapy, immobilisation, and use of aspirin.

Although the authors could not draw conclusions about the cause and effect relationship between statins and VTE, Dr Khemasuwan feels the data are promising. "If the results of our study are confirmed in a prospective randomised, controlled trial, this could have very significant implications for the medical community."

"Recent studies have examined the use of

statins for the prevention of lung disease, stroke, and other neurologic disorders," said Dr James A. L. Mathers, president of the American College of Chest Physicians. "The results of this study are promising and suggest a potential role for statins in the prevention of thromboembolism."

CHEST 2008 is the 74th annual international scientific assembly of the American College of Chest Physicians, held October 25-30 in Philadelphia. ACCP represents 17,000 members who provide patient care in the areas of pulmonary, critical care, and sleep medicine in the United States and throughout the world.

The ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication. For more information about the ACCP, please visit the ACCP Web site at <http://www.chestnet.org/>. - HealthNewsDigest/American College of Chest Physicians