Family Planning Programmes

Introduction:

The Ministry of Health and Family Welfare is the government unit responsible for formulating and executing family planning related government plans in India. India launched nationwide family planning programme in 1952 making it the first country in the world to do so. An inverted Red Triangle is the symbol for family planning health and contraception services in India.

The present approach in Family Planning programmes is to provide a “CAFETERIA CHOICE” that is to offer all methods from which an individual can choose according to his needs and wishes.

Objectives:

1. To reduce Total Fertility Rate from 2.1 to 1.9.
2. To stabilize the population.
3. To avoid unwanted births.
4. To regulate intervals between pregnancies.

Methods:

There are 2 methods
A. Temporary Methods.
   B. Permanent Methods.

A. Temporary Methods:

1. Condom (Male).
   Effectiveness: 86 - 97%

Advantages of the male condom:

- Easy to get and relatively inexpensive.
- Can be discontinued at any time.
- Provides protection from sexually transmitted diseases and HIV.
- Reliable method for people who cannot use hormonal birth control methods.
- Can be purchased without a prescription.
- Does not interfere with breast-feeding

- ECP or Emergency Contraceptive Pills

Effectiveness 74 % - 89%

- An emergency contraceptive method used after sexual intercourse to prevent pregnancy.
- Is most effective when used within 12 hours of unprotected intercourse.
- ECP can be used up to 72 hours or three days after unprotected sex.
Advantages of ECP or Emergency Contraceptive Pills:
- Only method of contraception used to prevent pregnancy after unprotected sex.
- Only method used to prevent pregnancy after a woman has missed one or more of oral contraceptives.

Disadvantages of ECP or Emergency Contraceptive Pills:
- Does not work if already pregnant.
- used within 72 hours or three days after unprotected sex.
- Ectopic (tubal) pregnancy may occur.
- If menstrual cycle does not start in 7 days, consider pregnancy and contact your family planning clinician.

2. **Oral Contraceptives ("The Pill")**

The Department of Family Welfare, in the ministry of Health and Family Welfare, GOI has made available 2 types of low-dose Oral Pills under the brand names of MALA-N & MALA-D. It contains Levonorgestrel 0.15mg & Ethinyl oestradiol 0.03mg. MALA-D is a in a package of 28 pills (21 of oral contraceptive pills and 7 brown film coated 60mg ferrous fumarate tablets) is made available to the client. MALA-N is supplied free of cost through all PHCs & urban Family Welfare centers.

*Effectiveness 95% - 99%*

**Advantages of the Pill:**
- Regulates the menstrual cycle.
- Reduces menstrual flow and cramping.

**Disadvantages of the Pill:**
- Must be taken every day at the same time each day.
- Increased risk of heart attack, stroke, or blood clots (in lungs, legs, or arms), especially in Chronic smokers.
- Possible mood swings or depression.

3. **Intrauterine Device ("IUD")**

A number of copper bearing devices are now, available we commonly use CU – T 375 & CU- T 380 A. CU – T 375 has an effective life of atleast 5 years and Cu 380 A has an effective life of 10 years.

*Effectiveness: 98% - 99%*

**Eligibility criteria:**
- Who has borne at least one child.
- Has no history of Pelvic disease.
- Have normal menstrual periods.
Advantages of the IUD:

- Easy to use, low maintenance method.
- Easily inserted and removed in a clinic or doctor's office.
- Have no systemic side effects.

Disadvantages of the IUD:

- Must be inserted and removed in a clinic or doctor's office.
- May be some cramping or pain at the time of insertion.

Follow Up:

An important aspect of IUD insertion is follow up.

The objectives of follow up examinations are:

✓ To provide motivation and emotional support for the woman.
✓ To confirm presence of IUD.
✓ To diagnose and treat any side effects or complications.

The IUD client should be examined after her first menstrual period, for expulsion, high during this period and again after the 3rd menstrual period to evaluate the problems of pain and bleeding and thereafter at 6 months or 1 year intervals depending upon the facilities and the convenience of the patient.

Postpartum IUCD (PPIUCD):

- Both Cu-T 380A and Cu-T375 are approved for PPIUCD insertion.
- Every woman must be counseled on the FP options available for her in the post-partum period. If she chooses PPIUCD, then she should be counseled regarding advantages, limitations, effectiveness and side effects related to IUCD.
- The provider must explain the procedure for insertion and/or removal of the PPIUCD.

Time of Insertion:

❖ Postpartum:

- **Post placental:** Insertion within 10 min after expulsion of the placenta following a vaginal delivery, on the same delivery table.
- **Intra cesarean:** Insertion that take place during a cesarean delivery, after removal of placental and before closure of uterine incision.
- **Within 48 hrs. After delivery.**
Postabortion and Post medical termination of Pregnancy:

- Insertion following abortion,

Extended Postpartum/ Interval:

- Insertion any time after 6 weeks postpartum.

Mode of action, effectiveness and side effects of PPIUCD are same as that of interval IUCD.

Advantages:

- Convenient: Saves time and additional visits
- No risk of uterine perforation.
- No side effects on breast feeding.

B. **Permanent Methods:**

1. **Female Sterilization**

   Effectiveness: More than 99%

   (a) **Laparoscopy:** This is a technique of female sterilization through abdominal approach with a specialized instrument called laparoscope. The abdomen is inflated with gas (carbon dioxide, nitrous oxide or air) and the instrument is introduced into the abdominal cavity to visualize the tubes. Once the tubes are accessible, the Falopian rings are applied to occlude the tubes. This operation should be undertaken only in those centers where specialists are available. The short operating time, shorter stay in hospital and a small scar are some of the attractive features of the operation.

   (b) **Mini lap operation:** Mini laparotomy is a modification of abdominal tubectomy. It is a much simpler procedure requiring a smaller incision of only 2.5 to 3 cm conducted under local anaesthesia. The mini lap / Pomeroy technique is considered a revolutionary procedure for female sterilization. It has advantages over other methods with regard to safety, efficiency and ease in dealing with complications. Mini lap operation is suitable for postpartum sterilization.
Advantages of female sterilization:
- Very reliable and effective method of contraception.
- Permanent method.

Disadvantages of female sterilization:
- Permanent method.
- Difficult and expensive to reverse surgical procedure.

2. Vasectomy (Male Sterilization)

Effectiveness: 99% or more

Advantages of Vasectomy:
- Permanent method of contraceptive.
- Very safe surgical procedure.
- Highly acceptable method.
- A no scalpel Vasectomy is also available.

No scalpel vasectomy: No scalpel vasectomy is a new technique that is safe, convenient and acceptable to males. This new method is now being motivated for men as a special project, on a voluntary basis under the family welfare programme.

New Strategies
- New family planning methods such as injectable contraceptives like Anthara and Oral contraceptives like Saheli will be introduced shortly.
- To enhance male participation in family planning services through IEC.
- To increase awareness on PPIUCD.
Family Planning Indemnity Scheme

INTRODUCTION:

India is the first country that launched a National Family Planning Programme in 1952, emphasizing fertility regulation for reducing birth rates to the extent necessary to stabilize the population health profiles of India have steadily improved. The continuing high number of complications, failures and deaths following sterilizations also results in increased litigation being faced by the providers, which is another barrier in scaling up the sterilization services. To address this issue, the Government of India had introduced the “National Family Planning Insurance Scheme” since 25th November, 2005 which has now been modified into “Family Planning Indemnity Scheme” with effect from 1st April, 2013.

The available benefits under the Family Planning Indemnity Scheme are as under:

<table>
<thead>
<tr>
<th>Section</th>
<th>Coverage</th>
<th>Limits</th>
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<tbody>
<tr>
<td>I A</td>
<td>Death following sterilization (inclusive of death during process of sterilization operation) in hospital or within 7 days from the date of discharge from the hospital</td>
<td>Rs. 2 lakh</td>
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<tr>
<td>I B</td>
<td>Death following sterilization within 8 – 30 days from the date of discharge from the hospital</td>
<td>Rs. 50,000/-</td>
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<tr>
<td>I C</td>
<td>Failure of sterilization</td>
<td>Rs. 30,000/-</td>
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<tr>
<td>I D</td>
<td>Cost of treatment in hospital and upto 60 days arising out of complication following sterilization operation (inclusive of complication during process of sterilization operation) from the date of discharge</td>
<td>Actual not exceeding Rs. 25,000/-</td>
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<tr>
<td>II</td>
<td>Indemnity per Doctor/ Health Facilities but not more than 4 in a year</td>
<td>Upto Rs. 2 lakh per claim</td>
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