Maternity Nurses' Knowledge About Emergency Contraceptive Methods

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معلومات الممرضات العاملات في مجال الامومة عن وسائل منع الحمل الطارئة

رسالة علمية

مقدمة إلي كلية التمريض- جامعة الإسكندرية

إيفاءآ جزئياآ لشروط الحصول على درجة

الماجستيرفي تمريض أمراض النساء والتوليد

مقدمة من

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LIST OF ABBREVIATION

EC	Emergency Contraceptive
ECPs	Emergency Contraceptive Pills
IUD	Intra Uterine Device
EE	Ethinyle Estradiol
WHO	World Health Organization
STDs	Sexual Transmitted Diseases
HIV	Human Immune-deficiency Virus
FDA	Food and Drug Administration

INTRODUCTION

Despite the availability of high effective methods of contraception many pregnancies are unwanted and unintended. Unintended pregnancy is a major public health problem that affects not only the individuals directly involved but also the society. Half of all pregnancies in the united states are unintended, there were 3.1 million annual unintended pregnancies. In Egypt, the incidence of unwanted pregnancy is 26.87%. [1,6]

Globally, 45 million unintended pregnancies are terminated each year, of which an estimated 19 million are terminated in unsafe condition. What is most disconcerting is the fact that unsafe abortion affects young women and teenager. Approximately 40% of all unsafe abortions are performed on young women aged 18 to 24 years. It kills an estimated 68.000 women every year globally. According to (WHO 2000) statistic, one-in-ten pregnancies ends in an unsafe abortion. However, the National Maternal Mortality study in Egypt in year 2000 indicated that abortions had accounted for 4% of the aggregate maternal death and was responsible for 4% of direct causes of maternal deaths.[3-6]

In order to limit the number of deaths caused by unsafe abortion, WHO recommendations are priority for prevention of unplanned pregnancies. In 2007 study published in the lancet found that, although the global rate of abortion declined from 45.6million in 1995 to 41.6 million in 2003, unsafe procedures still accounted for 48% of all abortions performed in 2003. It also concluded that, while the overall incidence of abortion in both developed and developing countries is approximately equal, unsafe abortion occurs more often in less-developed nations. Reducing maternal mortality requires more than family planning, as women will continue to have families with children. [6]

Family planning is an important component of women's health. Family planning is defined by WHO as the practice that helps individuals or couples to attain certain objectives, which are: avoiding of unwanted births, brining about wanted births, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the age of parents, determining the number of children in the family, avoiding pregnancy for women with serious diseases that would place pregnancy at risk and providing women who are carriers of genetic disease with the option of avoiding pregnancy.[7,8,9]

The best method of birth control is the one that a women will use correctly and consistently. Therefore, the user herself is considered more able to decide on her own ideal best method that suits her own age, religion, general or reproductive health, socio-cultural setup and her life style. Women need to weigh up the benefits and possible negative effects of each method and look at how these methods fit in write her current and future need.[10, 11]

Methods of contraception include the use of hormonal contraceptive, contraceptive devices (barriers), natural methods, and surgery.[12]

Emergency contraception refer to methods used to prevent pregnancy after unprotected intercourse. Emergency contraception, also called "Post coital contraception". Every woman deserves every chance to prevent an unintended pregnancy. Emergency contraception (EC) provides women with a second chance at prevention in care of unanticipated sexual activity, contraceptive failure or sexual assault. EC has been available for more than 30 years. It is a safe and effective method of contraception for all women at

risk of unintended pregnancy. At one time EC were commonly known by "morning after pill" is incorrect, however because treatment involves more than one pill, does not need to occur on the "morning after", EC should not be confused with medical abortion the "abortion pill" because EC can not terminate an established pregnancy, it works to prevent pregnancy from occurring.[13,14]

Emergency contraception (EC) used within 72 hours of unprotected intercourse to prevent pregnancy. The sooner ECS are taken, the more effective they are. They reduce the risk of pregnancy for a single act of unprotected sex by 75% to 89%. EC can be started up to 120 hours (5 days).[15,,16,17]

EC agent can be effective through all or many of the following function: (i) prevent fertilization, implantation or both; (ii) disrupts ovarian hormone production, causing an inadequate luteal phase, an endometrium unable to support implantation (iii) inhibiting tubal transport of the embryo.[18,19]

Emergency contraception consist of two main methods: hormonal contraception and intrauterine device (IUD) contraception. The most commonly used are hormonal ECs, there are a combined oral pills (YUZPE method) and progestin only pills.[20,21]

Because emergency contraception can safely reduce the risk of unintended pregnancy for individual. Women who use it improved awareness of and access to the medication is certainly appropriate and desirable. This the recent United State Food and Drug Administration decision to allow adults to purchase emergency contraceptive pills behind the cointer was welcomed step in the country. Ultimately, emergency contraception may contribute its greatest public health benefit indirectly, by providing an opportunity to encourage women who may be in a particularly receptive frame of mind 75 adopt a more effective contraceptive method or to use their current method more correctly and consistently. Numerous studies have found that women who use emergency contraceptive pills are subsequently likely adopt more effective contraception but rigorous research on this possibility remains to be conducted.[23,24]

The acceptability of emergency contraceptive method is also much influenced by providers since their personal attitudes have a strong influence on client decision-making process.[22]

Providers opinions on which contraceptive methods are appropriate for whom and under what circumstances, as well as their attitudes towards such issues as adolescent sexuality, responsible sexual behavior, and abortion all effect their attitudes towards emergency contraception. These attitudes can facilitate or obstruct the effective introduction of emergency contraception in programs. [25]

Nurse at all levels are often the first point of contact for a women who is requesting emergency contraception. Thus, it is particularly important for them to be a beast of both the facts regarding the use emergency contraceptive method, and the current political controversies. [33]

They need to be knowledgeable and available to provide accurate information and change women misconceptions about emergency contraception, the estimated effectiveness of them, possible side effects and how to mange them, and whether a follow up visit might be needed.

The aim of the study is to Identify maternity nurses' knowledge about emergency contraceptive methods

REVIEW OF LITERATURE

Emergency contraception (EC)

History

For centuries, women have used a variety of devices and preparations to prevent pregnancy after intercourse has taken place. The first emergency contraceptives used to prevent pregnancy were douches; understandably these were not very successful. Douching has been used since ancient time and remains in use today. About 25% of women presenting for emergency contraceptive treatment in one united kingdom study had first used a shower attachment or paper tissue, with or without a spermicide. These methods are, however, doomed to frequent failure, because sperms have been found in cervical mucus within 90 second of ejaculation.[21,22]

In 1960, the first hormonal post-coital preparations used contained oestrogen only. This was replaced in 1983 by yuzpe regimen, which contained oestrogen and progestogen.[29] Hormonal birth control pills were first approved by US food and drug administration (FDA) in 1960.

In 1966, Morris and Van Wagenen have demonstrated that large doses of estrogen were effective in preventing pregnancy after unprotected intercourse, and this treatment was used for pregnancy prevention in instances of rape. However, high rates of gastrointestinal side effects limited the widespread use of this method.[23]

The initial study supporting the use of estrogen and progesterone in combination to prevent pregnancy after an act of unprotected sex was completed at yale university in 1963. The emergency contraceptine pills (ECPs) regimen first approved by the U.S food and drug Administration (FDA) is called yuzpe regimen, named for Canadian professor A. Albert yuzpe who, in 1974, published the first studies demonstrating the safety and efficacy of ECPs. The yuzpe regimen consists of combined oral contraceptive pills that contain the hormones estrogen and progestin, taken in two doses, 12 hours apart. studies have shown ECPs reduce the risk of pregnancy when started within 120 hours (five days) of unprotected intercourse, but the treatment is more effective the sooner it begins.[24]

Before September 1998, no dedicated ECP product has been approved, labeled and marketed in American and emergency hormonal contraception was available only through “off-label” use of oral contraceptives pills. Off-label use of approved medications is a common and legal practice and some hospital emergency rooms, family planning clinics and University health centers began providing women with emergency contraception in this way. Despite decades of safe and effective use of ECPs around the world, the off-label status of ECPs concerned some providers in the U.S. who were fearful of legal liability. In this environment, physicians were reluctant to educate women about emergency contraception, and because these was no commerical advertising, most women knew nothing about it. In reproductive health circles, emergency contraception become known as “the nation’s best-kept secret”.[25]