

MIRACLE Academy

قال تعالى (يَرْفَعُ اللَّهُ الَّذِينَ آمَنُوا مِنْكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ)

تفريغ OTC
زميلتكم أنفال النعيمات



لجان الدفعات

أي اشي مو مكتوب عنده أو مو مخطط عليه بتكون ما حكت عنه اشي !

الكلام بالبوكسات شرح الدكتورة عن الموضوع بالزبط

Depot Medroxyprogesterone Acetate

Depo-Provera (DMPA) is similar in structure to naturally occurring progesterone by deep intramuscular injection in the gluteal or deltoid muscle or subcutaneously in the abdomen or thigh within 5 days of onset of menstrual bleeding.

If it is administered at any other time of the menstrual cycle, then it is recommended to use an additional nonhormonal contraceptive backup method for 7 days.

Although these injections may inhibit ovulation for up to 14 weeks, the dose should be repeated every 3 months (12 weeks) to ensure continuous contraception.

😊 to inhibit ovulation ما حكيينا قبل الاستروجين هو الضمان LH surge will inhibit ovulation انه ال رجعت حكنت هون احنا اتفقنا انه

With perfect use, the efficacy of DMPA is more than 99%; The primary mechanism of action is suppression of ovulation.

ممکن يكون فعاليتہ كثير عالیه

Menstrual irregularities are the most frequent adverse effects of DMPA and are most common in the first year of use..

Other adverse effects, including breast tenderness and depression, occur less commonly. Weight gain is a concern for many women using DMPA, has also been associated with short-term bone loss in younger women of reproductive age.

→ progesterone أفيد شف
رج نلا حظ انه بجيسر عنا
اضطرابات بالدورة الشهرية

"BUT" oral CHC will
Cause regular
menses

Long-acting Reversible Contraception (LARC)

It refers to a category of hormonal and nonhormonal contraceptives that include IUDs and implants. This type of contraception is highly efficacious in preventing pregnancy, but the effects are quickly reversible upon removal.

As LARC does not require effort or adherence by the patient once they are inserted, perfect-use and typical-use efficacy rates do not differ, and the efficacy rate is like that of surgical options such as tubal ligation.

Once they are inserted there will be contraception, the minute they are removed
ال fertility بتراجع مباشرة

Intrauterine Devices

هناك في منقسم عليهما Copper وفي منقسم hormonal IUD's

Currently, five IUDs are available, all are T-shaped and are medicated, one with copper and four with and clinicians must receive training from the manufacturer prior to insertion or removal of the IUDs.

These IUDs have several possible mechanisms of action, including inhibition of sperm migration, damaging ovum or disrupting transport, and possibly damaging the fertilized ovum.

Efficacy rates with IUDs are greater than 99% with both perfect and typical use and should not be inserted in the presence of current pregnancy, current pelvic inflammatory disease (PID), current STI/STD, puerperal or postabortion sepsis, purulent cervicitis, undiagnosed abnormal vaginal bleeding, malignancy of genital tract, uterine anomalies or fibroids distorting uterine cavity, allergy to an IUD component, or Wilson's disease (for copper IUD).

If an IUD is already in place and the patient contracts an STI/STD, the IUD in most cases can remain in place while the STI/STD is being treated.

The major adverse effect associated with IUDs is irregular menstrual bleeding

↳ + They cause heavy menses

We usually recommend IUDs after second baby

Other methods of contraception

1. Transdermal Contraceptives
2. Vaginal Rings
3. Subdermal Progestin Implants

They could be progestin-only or
CHC

Oral
Contraceptives
(OC's)

Oral Contraceptives (OC's)

With perfect-use OCs have a 99% efficacy rate, but with typical-use up to 7% of users may become pregnant.

هدول ٢١ يوم بكون الاستروجين والبروجيستين فيها نفس ال dose وراها ٧ أيام placebo

Monophasic OCs contain the same amounts of estrogen and progestin for 21 days, followed by 7-day placebo phase.

هون الاستروجين والبروجيستين موجودين بنسب متفاوتة خلال ٢١ يوم ممكن يكون هدفهم تنظيم الدورة أو إذا في مشاكل نقص استروجين أو بروجيستين ممكن نستعملهم بنفس الوقت بنستخدمهم لمنع الحمل

Multiphasic pills (²biphasic, ³triphasic, or ⁴quadriphasic) contain variable amounts of estrogen and progestin for 21 days, also followed by a 7-day placebo phase.

هدول ممنوع نوقفهم ما بنوقفهم ٧ أيام placebo بتضل ماشيه عليهم ٢٨ يوم همه عادةً بنستعملهم للمرضعات لأنهم مش effective لأنه progestin only

Progestin-only "minipills" (28 days of active hormone per cycle) Minipills must be taken every day of the menstrual cycle at approximately the same time to maintain contraceptive efficacy. **If a progestin-only OC is taken more than 3 hours late, patients should use a backup method of contraception for 48 hours.** Minipills may not block ovulation (nearly 40% of women continue to ovulate normally), so the risk of ectopic pregnancy is higher with their use than with other hormonal contraceptives

Progestin-only OCs are less effective than combination OCs and are associated with irregular and unpredictable menstrual bleeding

كونه مافي
عنا ٧ أيام
placebo
رح تلاحظوا
انه فيها عدم
انتظام
للدورة
الشهرية
بشكل أكبر

Initiating an Oral Contraceptive

Oral contraceptives may be initiated by 3 different methods:

- on the first day of bleeding during the menstrual cycle
- on the ^{*}first Sunday after the menstrual cycle begins
- the ^{*}quick start method

ليه؟ عشان الويكند بييجي free of menses هلا احنا عنا
بالأردن الويكند جمعة سبت مشان هيك رح يصير first Friday

ليه؟ انه خلص عندك بالصيدلية بتكون حبة بتاخذها
عشان تبلش وبصير هون عنا احتمالية انها تلتزم بال
oral contraceptive أكثر، انه ما يصير تغيير للرأي

"Most effective one"

❖ **The first day method** is when the woman starts the OC on the first day of her menstrual cycle. The women should be instructed to use a second method of contraception (typically recommend condoms) for at least 7 days after initiation for maximum effectiveness.

❖ **The "Sunday start" method** is to begin pills on the first Sunday after the menstrual cycle begins, as this may provide for weekends free of menstrual periods. Women should also be instructed to use a second method of contraception (typically recommend condoms) for at least 7 days after initiation for maximum effectiveness. It may be preferable to have women use additional contraception for the entire first cycle, due to user failure in the first month.

Cycle ≈ 28 days

❖ **The "quick start" method** for initiating OCs, the patient takes the first tablet on the day of her office visit. Women should be instructed to use a second method of contraception for at least 7 days and potentially until she begins her next menstrual cycle to ensure optimal effectiveness. The woman should be informed that the menstrual period will be delayed until completion of the active tablets in the current OC pack

Choice of Oral Contraceptive

Because all combined OCs are similarly effective in preventing pregnancy , the initial choice is based on the hormonal content and dose, preferred formulation, and coexisting medical conditions

إذا وحده عندها مشاكل مع البروجسترون الي بسوي
anti- androgenic effects
androgen progesterone

ال obese يستعملوا جرعات أعلى
كمان في ناس عندها خطورة
بالاستروجين بعطيها جرعة قليلة

في بعض التركيبات تفضل
مثلا موجود عنا بالسوق
الياسمين بحسن البشرة
والشعر

Managing Oral Contraceptive Side Effects

خلال شهرين - ثلاث بروجوا

- * Many side effects occurring with early OC use (eg, nausea, bloating, breakthrough bleeding) improve spontaneously by the third cycle of use after adjusting to the altered hormone levels.

Women should be counseled to continue their OC for 2 to 3 months before a change is made to adjust the hormonal content unless a serious adverse effect is present.

Despite the 2 to 3 month adjustment period, a large majority of women who discontinue OCs do so because of the side effects.

- * Patient education and early reevaluation within 3 to 6 months are necessary to identify and manage adverse effects, to improve adherence

- * Patients should be instructed to consult with their provider immediately and likely should discontinue CHCs if they experience serious warning signs, described as ACHES (Abdominal pain, Chest pain, Headaches, Eye problems, and Severe leg pain).

التي تنفص منهم الجلطات (DVT) + ممكن يزيدوا من احتماليته
الـ Breast cancer

ديروا بالكم
وانتوا بتسووا
counseling
للمريضة انكم
تخوفوها من ال
OC إذا كان ال
risk عندها قليل

* Unilateral: One side (جهة واحدة)

* Hemoptysis: بفتح دم

Symptoms of a Serious or Potentially Serious Nature Associated with Combined Hormonal Contraception

Symptom	Possible Cause
SERIOUS: Stop immediately	
Loss of vision, proptosis, diplopia, papilledema	Retinal artery thrombosis <i>بنخاف انه</i> →
Unilateral numbness, weakness or tingling	Hemorrhagic or thrombotic stroke
Severe pains in chest, left arm or neck	Myocardial infarction
Hemoptysis	Pulmonary embolism
Severe pains, tenderness or swelling, warmth or palpable cord in legs	Thrombophlebitis or thrombosis <i>DVT</i>
Slurring of speech	Hemorrhagic or thrombotic stroke
Hepatic mass or tenderness	Liver neoplasm
POTENTIALLY SERIOUS: May continue with caution while being evaluated	
Absence of menses	Cervical endometrial or vaginal cancer
Spotting or breakthrough bleeding	Cholecystitis, cholelithiasis, or liver neoplasm
Breast mass, pain or swelling	Pituitary adenoma
Right upper-quadrant pain	Cholestatic jaundice
Mid-epigastric pain	B6 deficiency
Migraine headache	Leiomyomata, adenomyosis
Severe nonvascular headache	
Galactorrhea	
Jaundice, pruritus	
Depression, sleepiness	
Uterine size increase	

ممكنا ايضا نتملك حصى في المرارة فأي الفيد يدل عليها
اضطراب ... تبشكثف انه عندها حصى في المرارة .

Drug Monitoring Table for Hormonal Contraception

** * المعلوب العنوب و
الوخط على قمل

Drug (or Drug Class)	Adverse Drug Reactions	Monitoring Parameter	Comments
<p>Combined hormonal contraception</p> <p>* هذول بتوقع انت خلال (3-2) أشهر بروجوا وممكن أثير للمريضات الب عندهم مشاكل بار وان Skin أو Depression لذوات أخرى من ال OC [Anti-Androgenic] progestones</p> <p>والمشاكل الب بسببها الستيروئيد Nausea / vomiting Breast tenderness هذول بطولهم جرعات تليقة من الستيروئيد</p>	<p>Nausea/vomiting</p> <p>Breast tenderness</p> <p>Weight gain</p> <p>Acne, oily skin</p> <p>Depression, fatigue</p> <p>Breakthrough bleeding/spotting</p> <p>Application site reaction (transdermal)</p> <p>Vaginal irritation (vaginal ring)</p>	<p>Patient symptoms</p> <p>Patient symptoms</p> <p>Weight</p> <p>Visual inspection</p> <p>Depression screening</p> <p>Menstrual symptoms</p> <p>Visual inspection</p> <p>Patient symptoms</p>	<p>Typically improves after two to three cycles; consider changing to lower estrogenic</p> <p>Consider changing to lower androgenic</p> <p>Data are limited and conflicting</p> <p>Consider changing to higher estrogenic</p>
<p>Depo- medroxyprogesterone acetate injections</p> <p>هذول كثير + غير جيد افعل افعى</p>	<p>Menstrual irregularities^a</p> <p>Weight gain</p> <p>Acne</p> <p>Hirsutism</p> <p>Depression</p> <p>Decreased bone density</p>	<p>Menstrual symptoms</p> <p>Weight</p> <p>Visual inspection</p> <p>Visual inspection</p> <p>Depression screening</p> <p>BMD</p>	<p>Typically improves after 6 months</p> <p>Data are limited and conflicting</p> <p>Do not routinely screen with DXA</p>

<p>Levonorgestrel IUD</p>	<p>Menstrual irregularities^a</p> <p>Insertion-related complications</p> <p>Expulsion</p> <p>Pelvic inflammatory disease</p>	<p>Menstrual symptoms</p> <p>Cramping, pain</p> <p>Cramping, pain, spotting, dyspareunia, missing strings</p> <p>Lower abdominal pain, unusual vaginal discharge, fever</p>	<p>Typically spotting, amenorrhea</p> <p>Prophylactic nonsteroidal anti-inflammatory drugs (NSAIDs) or local anesthetic may reduce occurrence</p> <p>IUD strings should be checked regularly by women to ensure IUD properly placed</p> <p>Overall risk of developing is rare, but counseling on STI/STD prevention is important</p>
<p>Copper IUD</p>	<p>See levonorgestrel IUD above</p>	<p>See levonorgestrel IUD above</p>	<p>Menstrual irregularities are typically heavier menses with copper IUD</p>
<p>Progestin-only implant</p>	<p>Menstrual irregularities^a</p>	<p>Menstrual symptoms</p> <p>Pain, bruising, skin irritation,</p>	<p>Typically well-tolerated and resolve without treatment; infection is rare</p>

Drug Monitoring Table for Hormonal Contraception

Managing Oral Contraceptive Drug Interactions

أحياناً بعض الأدوية ممكن تأثر على ال OC وممكن العكس

The effectiveness of an OC is sometimes limited by drug interactions that interfere with GI absorption, increase intestinal motility by altering gut bacteriologic flora, and alter the metabolism, excretion, or binding of the OC.

Women should be instructed to use an additional method of contraception if there is a possibility of a drug interaction altering the effectiveness of the OC

If a woman is going to be receiving an interacting medication for more than 2 months, it is suggested to switch oral contraception to depot medroxyprogesterone acetate (DMPA) or an intrauterine device//to avoid the interaction and eliminate the need for long-term additional nonhormonal contraception.

Examples of Oral Contraceptive Drug Interactions

1. Of all antibiotics, *rifampin* is the one with a true documented pharmacokinetic interaction. Women receiving concomitant rifampin (or derivatives) and OCs should be counseled on the possibility for decreased efficacy. The mechanism of action is likely the inhibition of enterohepatic recirculation
2. Women receiving certain anticonvulsants for a seizure disorder should be offered another form of contraception such as DMPA or LARC methods rather than OCs. Some anticonvulsants (mainly *phenobarbital, carbamazepine, phenytoin*) induce the metabolism of estrogen and progestin, inducing breakthrough bleeding and potentially reducing contraceptive efficacy. In addition, some anticonvulsants are known teratogens. Use of combined OCs with *lamotrigine* may decrease the effectiveness of lamotrigine and increase the possibility of worsening the seizure disorder
3. HIV antiretrovirals such as protease inhibitors which, depending on the HIV medication, may decrease OC effectiveness or the OC may possibly alter the levels of protease inhibitor.

Missed Doses of Oral Contraceptives

هاد الموضوع كثير مهم لأنه احنا اتفقنا انه رح نحكي عن الهرمونات الي تأثيرها تراكمي واحنا هدفنا انه نثبط الإباضه أو عالأقل نمنع ال sperm من الوصول عن طريق زيادة ال thickness وهاي الأشياء بتصير as a cycle بالوقت الي بصير عنا لخبطة بأخذ الحبوب ممكن تخرب ال cycle ويرجع يصير عنا إباضه وبالتالي حمل

فكثير مهم نعرف ال missed dose هاي بأي وقت من الشهر وكم جرعة ما انأخذت إذا جرعه وحده أو مثلا تأخرت لتأخذها بتقدر تأخذها أول ما تتذكرها حتى لو تذكرتها ثاني يوم بتقدر تأخذ حبتين ولكن المشكلة إذا نست حبتين أو أكثر ما بصير تأخذ ٣ حبات أو ٤ بتأخذ بس حبتين وبنستعمل معها طريقة أخرى لل contraception

Specific instructions should be given regarding what to do if a tablet is missed. For women who routinely have difficulty with adhering to daily dosing, counseling regarding other options such as the vaginal ring, transdermal patch, DMPA, implants, or IUDs should be provided.

For combined hormonal OCs, if one tablet is missed or late then take the tablet as soon as remembered and continue taking the rest of the tablets as prescribed. Typically, no additional nonhormonal contraception methods are warranted.

If two or more consecutive tablets are missed, then take one missed tablet as soon as remembered and discard the missed tablets. Continue taking the OC tablets as scheduled which means two tablets may need to be taken on the same day (ie, one of the missed tablets and one of the regularly scheduled tablets).

If tablets were missed in the last week of hormonal tablets, finish the remaining active tablets (tablets with hormone) and then omit the hormone-free interval (skip taking the placebo tablets) and start a new pack of tablets.

For both of these scenarios, counsel patients to use additional nonhormonal contraception until tablets of active hormone have been taken for 7 consecutive days.

Discontinuing Oral Contraceptives and Return of Fertility

There is no evidence that OC use decreases subsequent fertility; there are similar findings with the transdermal patch and vaginal ring.³ The average

delay in ovulation after discontinuing OCs is 1 to 2 weeks. However, delayed ovulation is more common in women with a history of irregular menses. If

amenorrhea does continue beyond 6 months, women should be counseled to see a physician for further fertility workup