

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

RS Sardjito

Contraceptive Update
Kelaikan Pemakaian Kontrasptif
Progestin
(POP, Suntik 3 bulanan dan
Implant)

FK UGM

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Yogyakarta, 28-Okt-2017

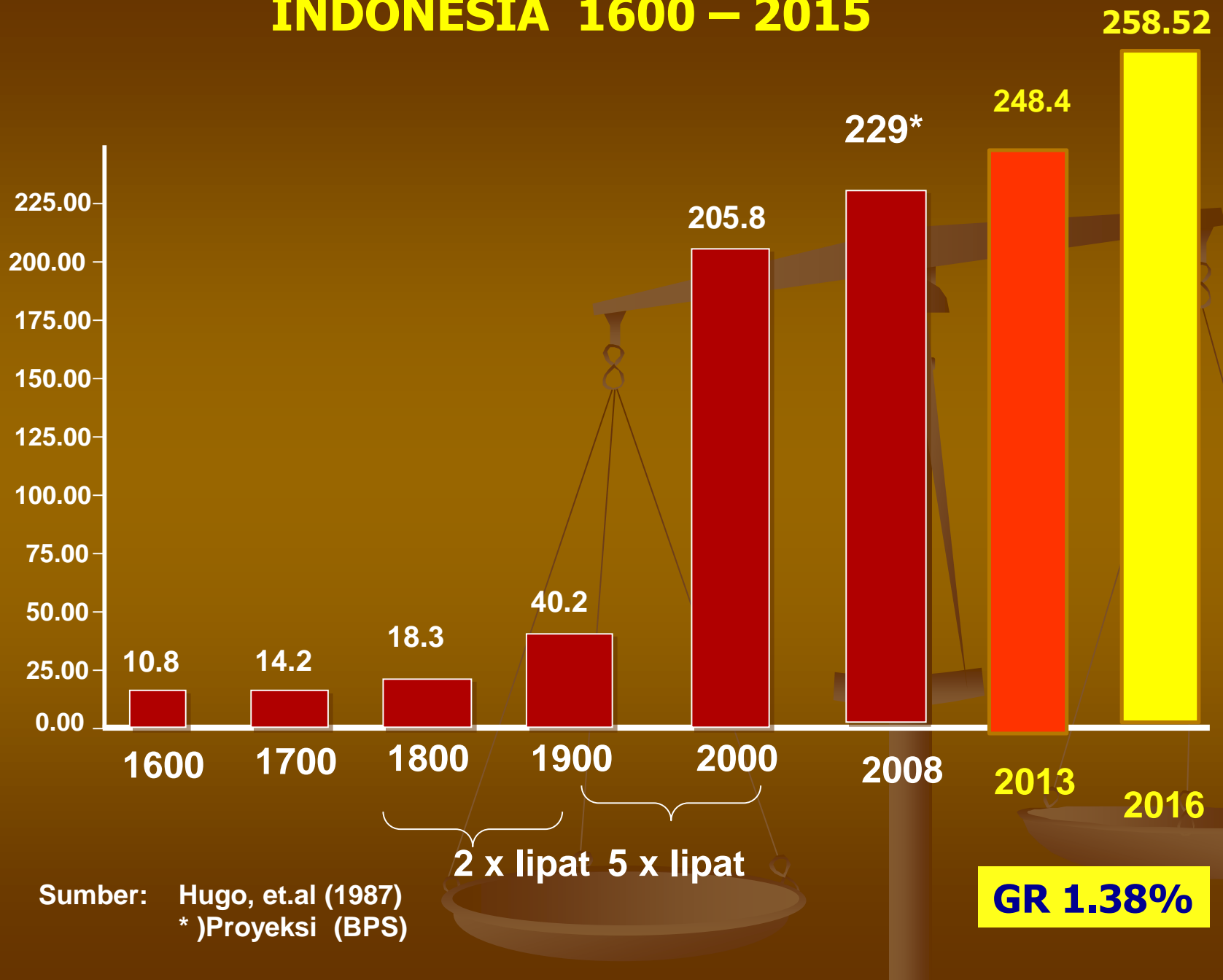
Sardjito Hospital Jogjakarta





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Jogjakarta

POPULATION DEVELOPMENT INDONESIA 1600 – 2015



Background

Population and Development

Penduduk

Besar dan berkualitas



Pembangunan

Modal
Pembangunan

Besar, tdk berkualitas

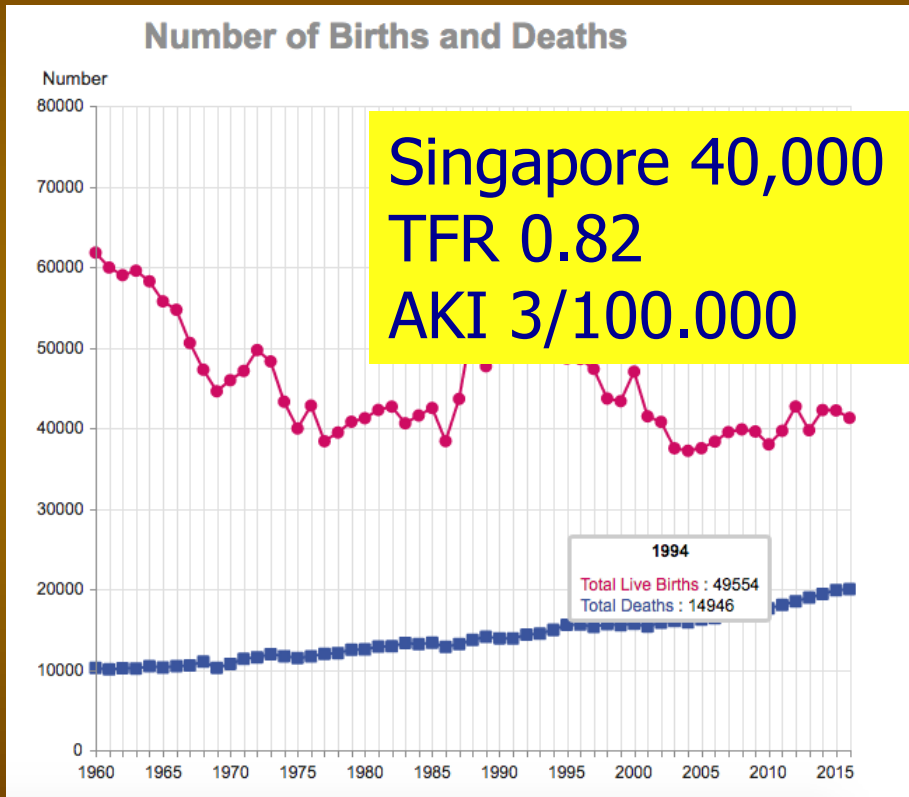


Beban
Pembangunan

Keterkaitan CPR, TFR dengan AKI

Negara	CPR	TFR	AKI
Singapore	62,0	0,82	3
US	74,6	1,88	21
UK	84,0	1,92	12
Vietnam	78,1	1,82	59
Indonesia	61.9	2,41	359
Nigeria	15,1	6,76	630
South Sudan	4,0	5,31	2054

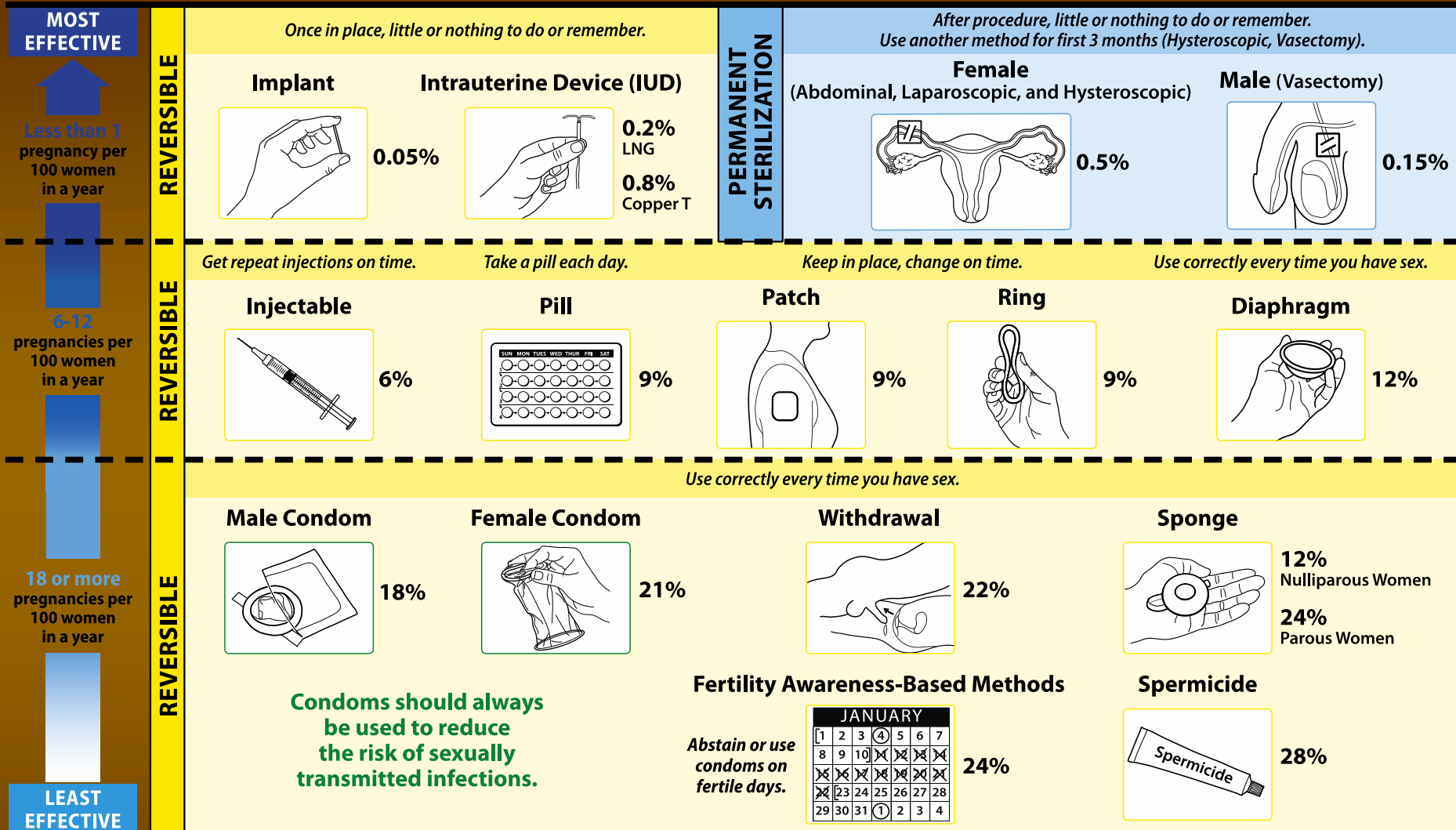
Number of births



Indonesia (2013)
4,738,692
TFR → 2.13
AKI 359/100.000

EFFECTIVENESS OF FAMILY PLANNING METHODS*

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.



Other Methods of Contraception: (1) Lactational Amenorrhea Method (LAM): is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397-404.

Lima Pilar Utama dalam Strategi Penurunan AKI

1. **Keluarga Berencana → CPR ↑, TFR & Unmetneed ↓**
2. ANC yang berkualitas, pertolongan persalinan oleh Nakes yang terampil, di Faskes standard sampai pelayanan nifas (PNC)
3. Pelayanan Obstetri Emergensi yang cepat & tepat
4. Deteksi dini KRT dan PRT dan Sistem rujukan yg tepat dan terencana, termasuk AMP dan rekomendasi
5. **Komitment semua stake holder (Pejabat, Pemerintah, Petugas, Masyarakat, termasuk SYSTEM pembiayaan**

KOMITMEN SEMUA

Progestin Only Contraceptives (POC's)

- A. Progestin-only pills (POPs)
- B. Depot medroxyprogesterone acetate (DMPA; 150 mg intramuscularly) or 104 mg subcutaneously)
- C. Progestin-only implants



Jenis Progestin

The first generation: ESTRANES:

- Norethisterone
- Norethindrone
- Ethynodiol diacetate
- Lynestrenol (**EXLUTON^R**)
- Norethynodrel

The second generation: GONANES:

- Levonorgestrel (SINO-IMPLANT)
- norgestrel

The third generation: GONANES

- ◆ Desogestrel (**CERAZETTE**)
- ◆ Gestodene
- ◆ Norgestimate

Newer progestins

- Drospironone
- Dienogest
- Nestorone
- Nomegestrel acetate
- Trimegestone

MODE OF ACTION

- ❖ Inhibition of follicular development
- ❖ Inhibition of ovulation
- ❖ Suppression of corpus luteum formation
- ❖ Changes in the nature of the cervical mucus which inhibits the passage of sperms into the uterine cavity
- ❖ Effects on the endometrium which affect implantation (thinning with scanty atrophic gland and reduced progesterone receptors)
- ❖ Slowing tubal and ciliary motility

- ❖ Conventional POP, 60 percent of cycles are anovulatory.
- ❖ Desogestrel POP 97 %



- ◆ Three-hour progestogen-only pill – must be taken within 3 hours of the same time each day; examples **EXLUTON (Lynestrenol)**
- ◆ Twelve-hour progestogen-only pill (desogestrel), such as **CERAZETTE** – must be taken within 12 hours of the same time each day

IMPLANT (history)

Six rods implant

- **Norplant**
- 6 X 36 mg levonorgestrel
- Launched 1983 in the US
- Up to 5 years
- Removed 2002 due to problem in removals

Two rods implant

- **Sino implant**
- 150 mg (75 mg each) levonorgestrel
- Launched in 1996
- Up to 3 years

Single rod implant

- **Implanon**
- 68 mg etonogestrel
- Launched in 1998
- Up to 3 years

Implanon

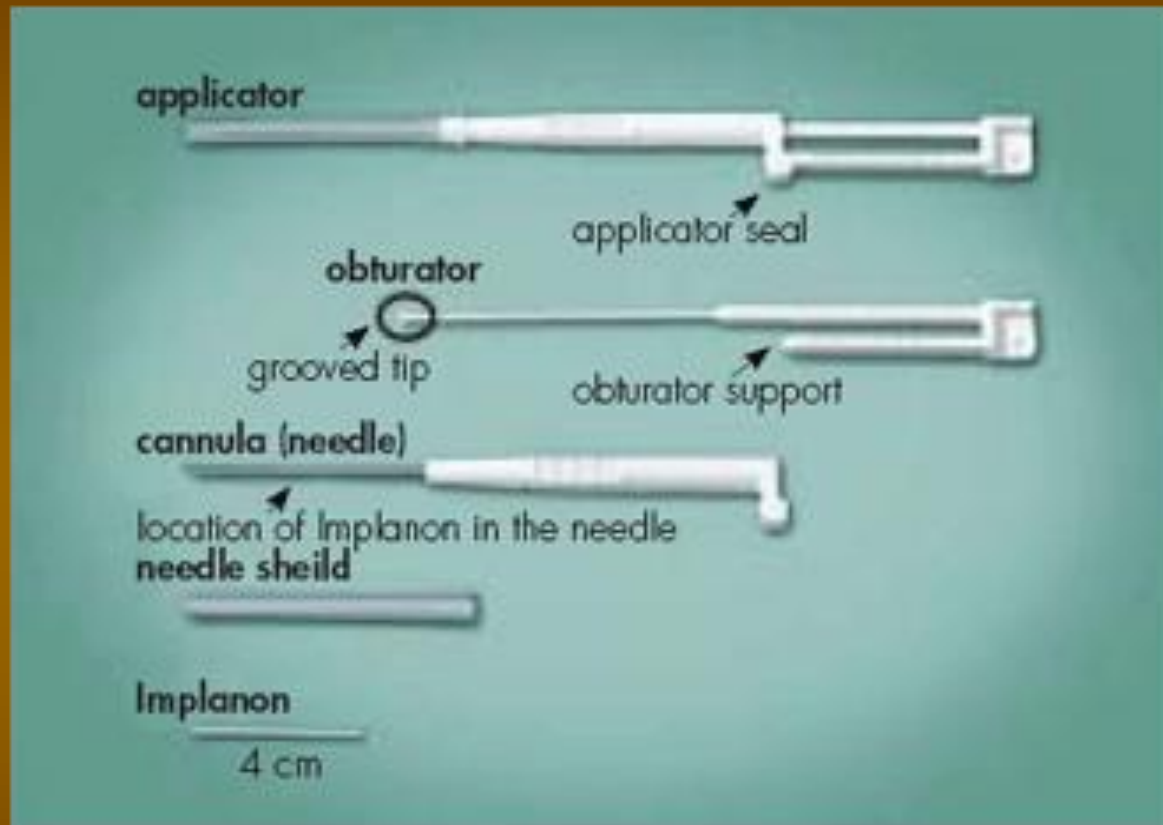


Figure 8. Components of the Single-rod Implant Insertion System²

Inserter Implanon



BOX 1. Categories of medical eligibility criteria for contraceptive use

- U.S. MEC 1 = A condition for which there is no restriction for the use of the contraceptive method.
- U.S. MEC 2 = A condition for which the advantages of using the method generally outweigh the theoretical or proven risks.
- U.S. MEC 3 = A condition for which the theoretical or proven risks usually outweigh the advantages of using the method.
- U.S. MEC 4 = A condition that represents an unacceptable health risk if the contraceptive method is used.

Source: Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. medical eligibility criteria for contraceptive use. MMWR 2016;65(No. RR-3).

Abbreviation: U.S. MEC = *U.S. Medical Eligibility Criteria for Contraceptive Use.*

Kriteria Kelayakan Pemakaian

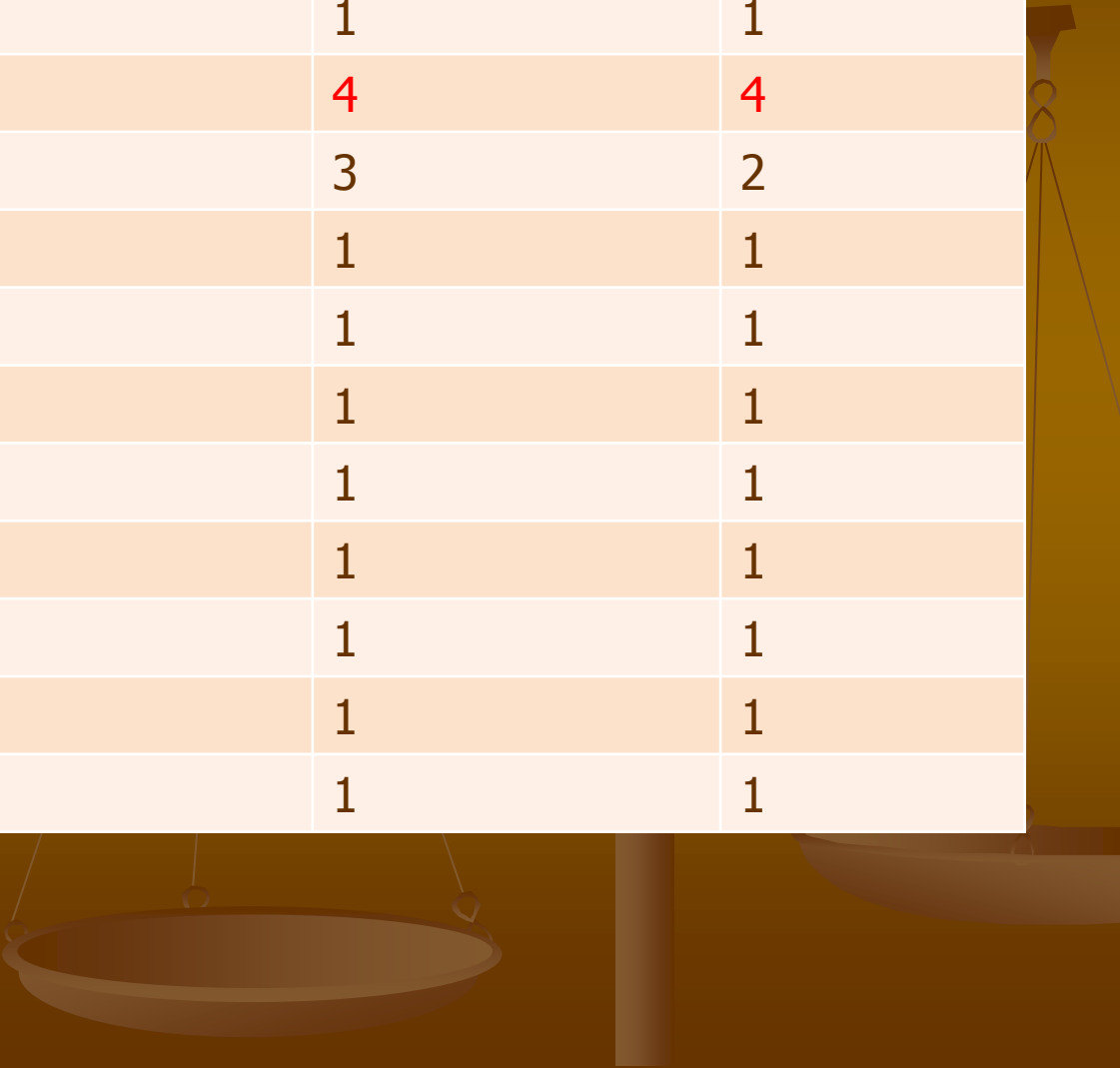
1. Tidak ada masalah
2. Manfaat lebih besar ketimbang mudarat
3. Mudarat lebih besar ketimbang manfaat
4. Jangan dipakai (kontraindikasi)

Kondisi Kesehatan	Implant	DMPA	POP
Umur			
18-45	1	1	1
> 45	1	2	1
Paritas			
Nulipara	1	1	1
Para	1	1	1
Menyusui	1	1	1
Merokok	1	1	1
BMI ≥ 30 kg/m ²	1	1	1
Peny Kardiovaskular	2	3	2

Curtis KM, Tepper NK, Jatlaoui TC et al., 2016. US Medical Eligibility Criteria for Contraceptive Use. CDC Recommendation and Report.

MMWR / July 29, 2016 / Vol. 65 / No. 3

Kondisi Kesehatan	Implant	DMPA	POP
Hipertensi			
< 160/90-99 mmHg	1	2	1
> 160/>=100 mmHg	2	3	2
DVT	2	2	2
IHD	3	3	2
Trombositopenia	2	3	2
Terapi immunosupresif	2	2	2
Epilepsi	1	1	1
Depresi	1	1	1
Haid tidak teratur	2	2	2
Perdarahan yang tidak tahu sebabnya	3	3	2
Endometriosis	1	1	1
Dismenorea	1	1	1
Tumor ovarium jinak	1	1	1



Kondisi Kesehatan	Implant	DMPA	POP
CIN	2	2	1
Tumor jinak payudara	1	1	1
Kanker payudara	4	4	4
Trombositopenia	2	3	2
Hiperplasia endometrium	1	1	1
Kanker endometrium	1	1	1
Kanker ovarium	1	1	1
Mioma uteri	1	1	1
PID	1	1	1
HIV	1	1	1
TB	1	1	1
Anemia	1	1	1

Kondisi Kesehatan	Implant	DMPA	POP
Tumor hati			
Hiperplasia	1	1	1
Hepatoma	2	2	2
Ganas	3	3	3
Diabetes			
Riwayat DMG	1	1	1
Tanpa kelainan vaskuler	2	2	2
Nefro, retino, neuropati	2	3	2
DM > 20 tahun	2	3	2
Penyakit Tiroid			
Simple Goiter	1	1	1
Hipertiroid	1	1	1
Hipotiroid	1	1	1
Penyakit empedu	2	2	2
Sirosis hati			
Ringan (kompensasi)	1	1	1
Berat (dekompensasi)	3	3	3

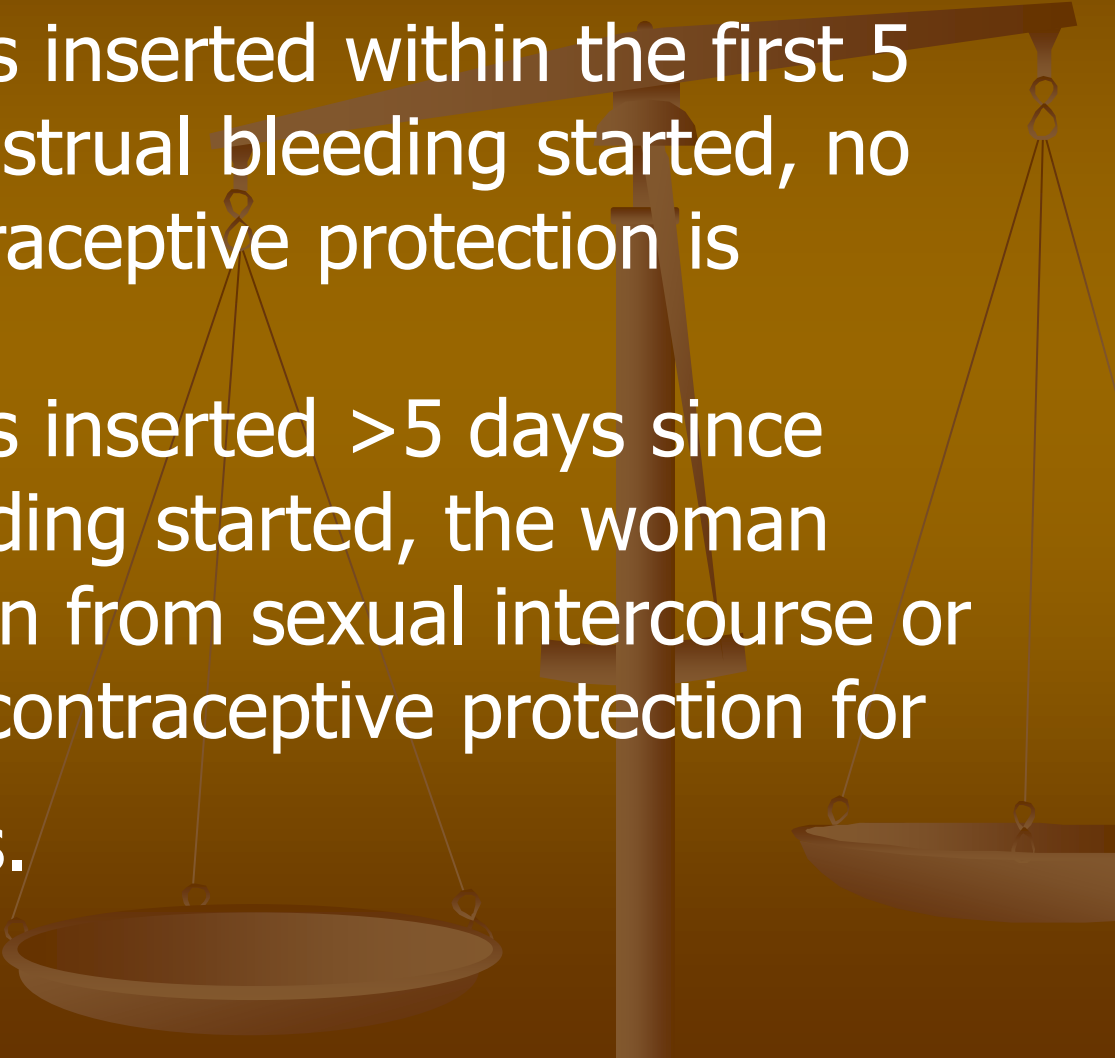
Initiation of Implants:

TIMING: The implant can be inserted at any time if it is reasonably certain that the woman is not pregnant

A woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

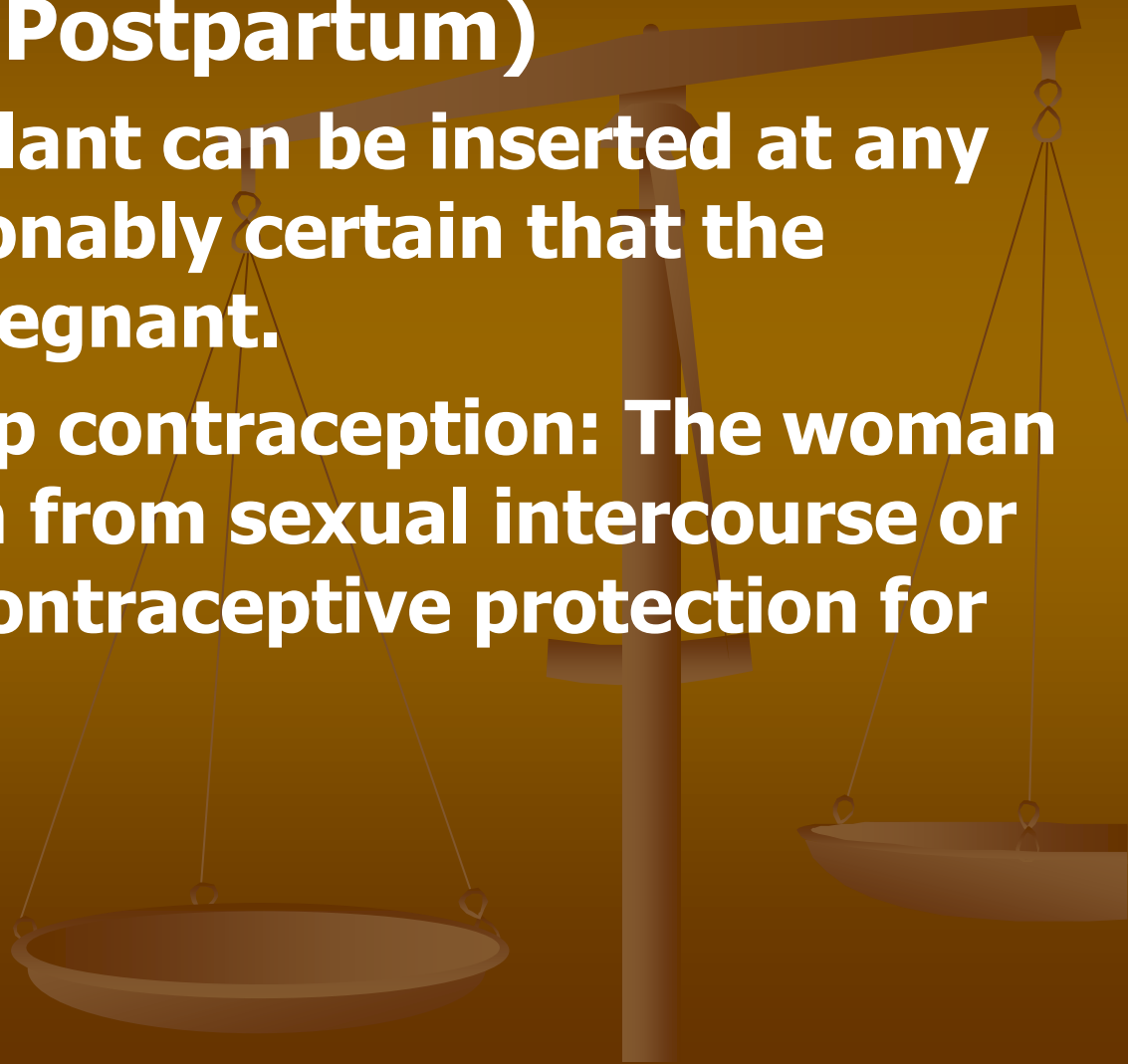
- is ≤ 7 days after the start of normal menses
- has not had sexual intercourse since the start of last normal menses.
- has been correctly and consistently using a reliable method of contraception
- is ≤ 7 days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [$\geq 85\%$] of feeds are breastfeeds), amenorrheic, and < 6 months postpartum

Implants

- ❖ If the implant is inserted within the first 5 days since menstrual bleeding started, no additional contraceptive protection is needed.
 - ❖ If the implant is inserted >5 days since menstrual bleeding started, the woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
- 

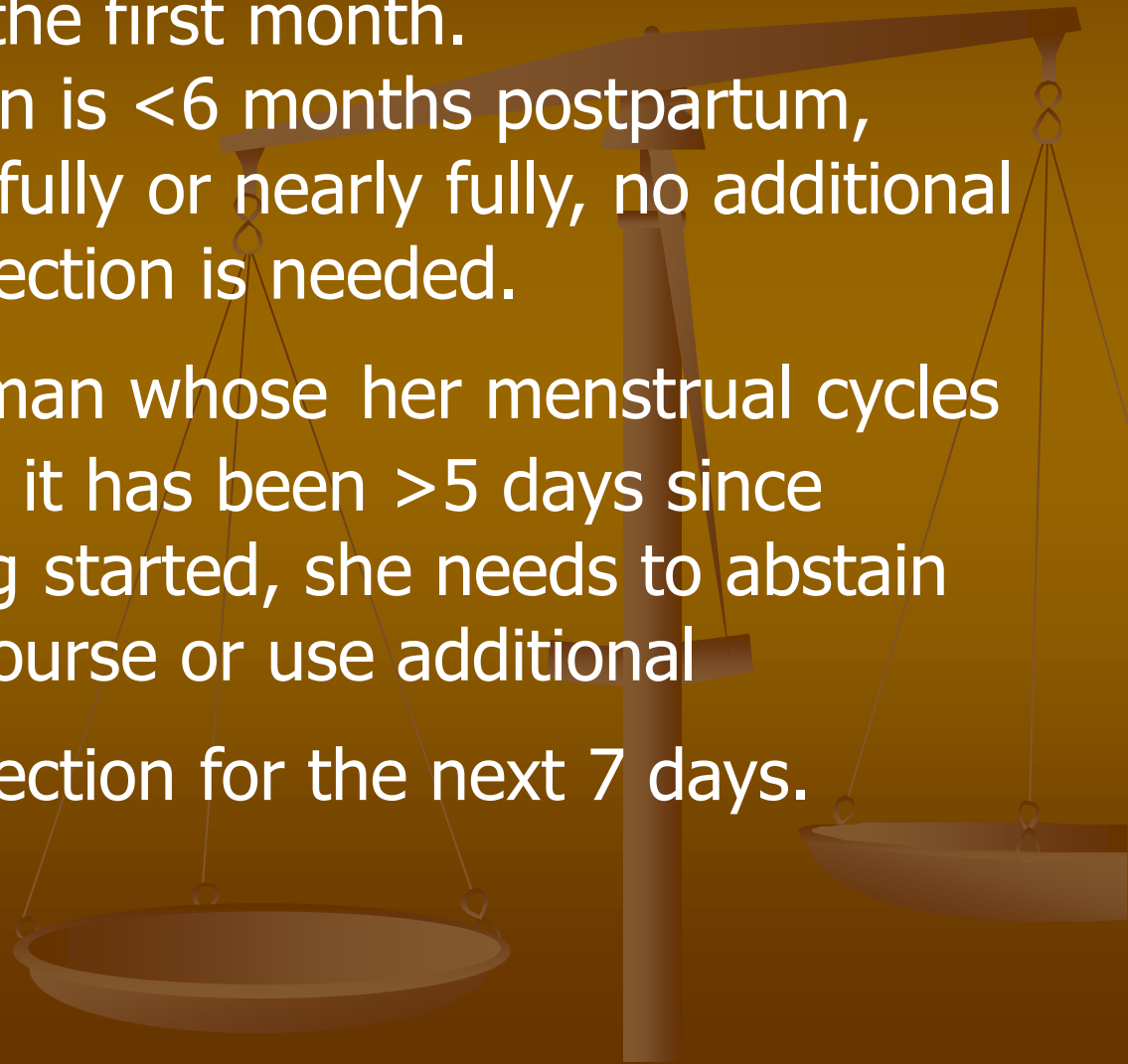
Amenorrhea (Not Postpartum)

- **Timing:** The implant can be inserted at any time if it is reasonably certain that the woman is not pregnant.
- **Need for back-up contraception:** The woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days



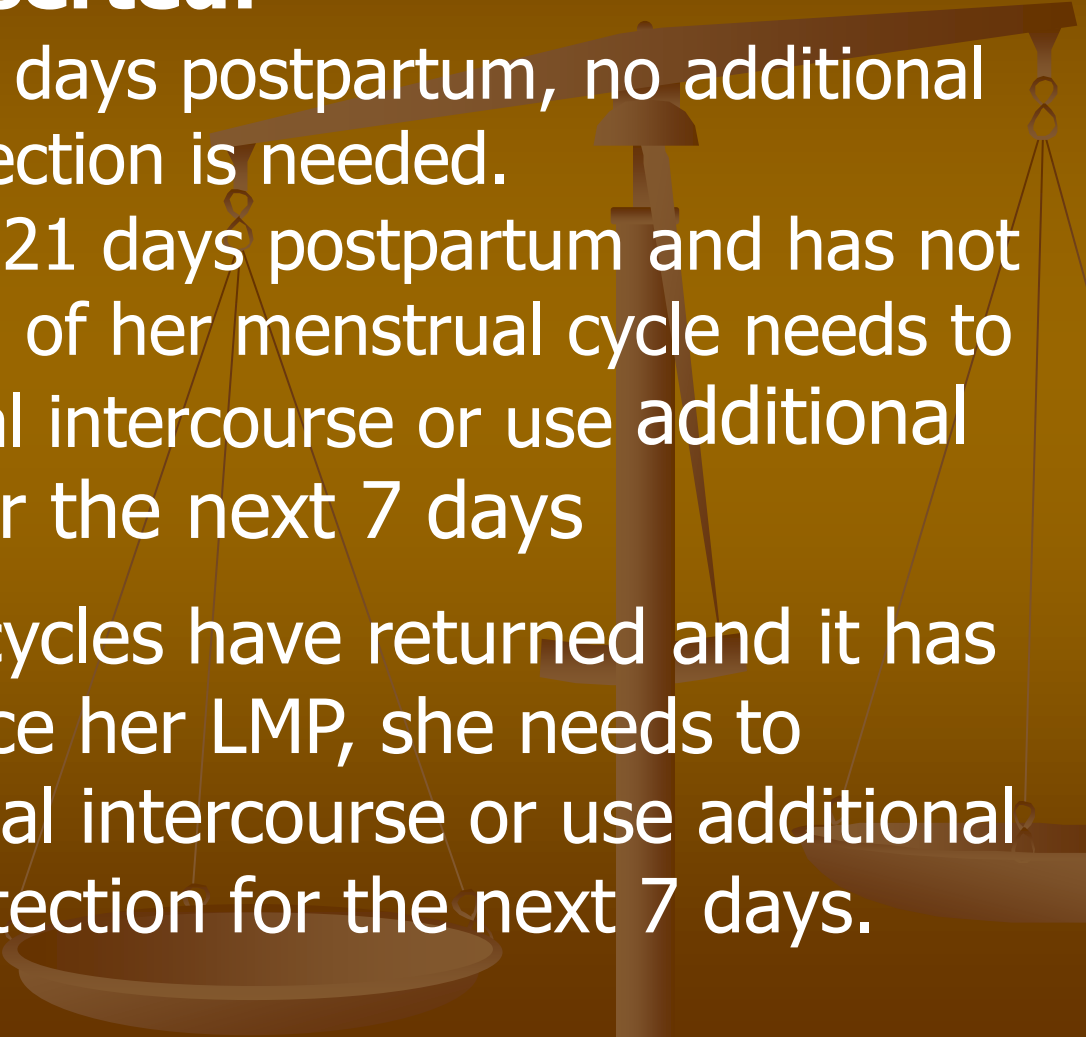
Postpartum and Breastfeeding

- Any time during the first month.
 - If the woman is <6 months postpartum, amenorrheic, and fully or nearly fully, no additional contraceptive protection is needed.
- Otherwise, a woman whose her menstrual cycles have returned and it has been >5 days since menstrual bleeding started, she needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.

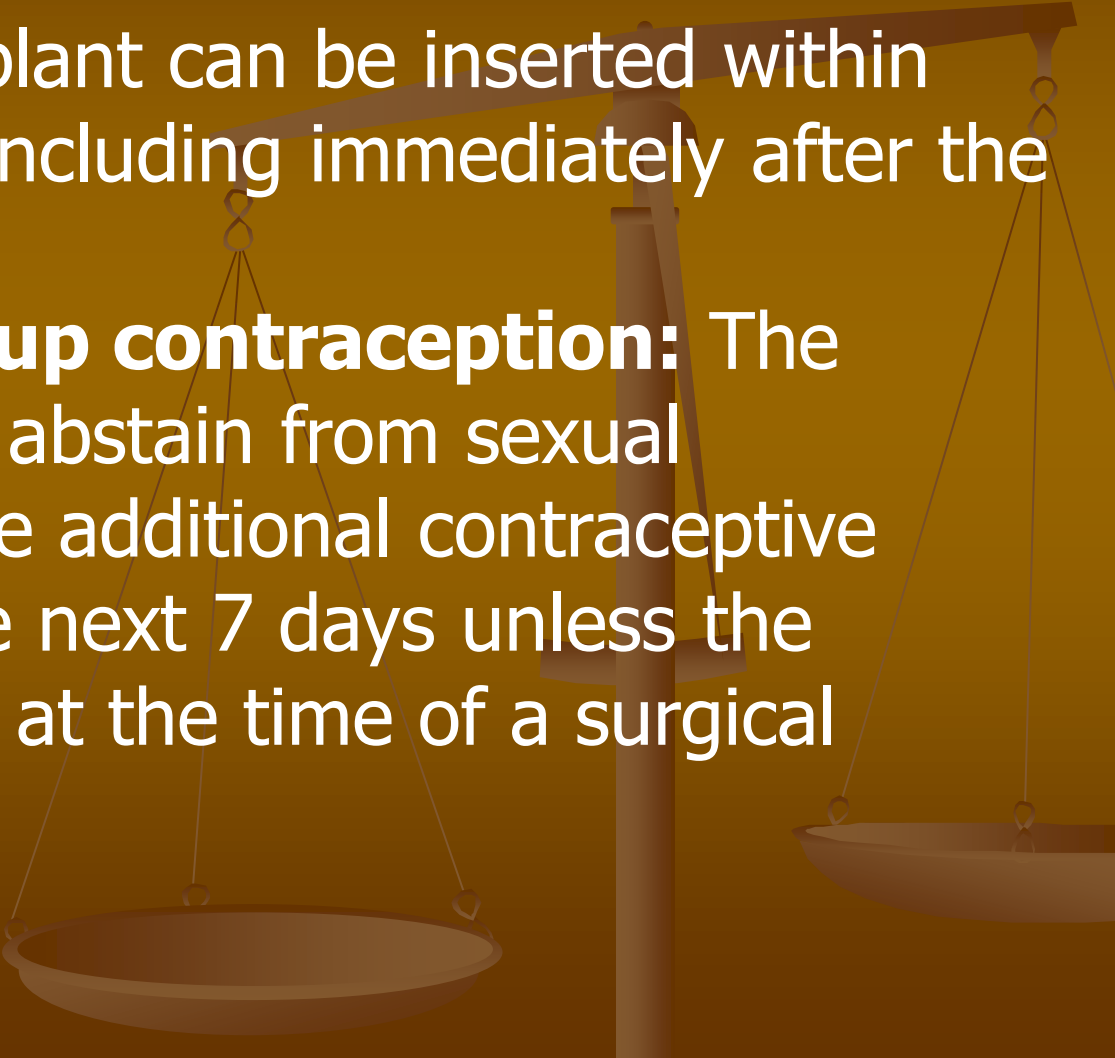


Postpartum and Not Breastfeeding

Implant can be inserted:

- If a woman is <21 days postpartum, no additional contraceptive protection is needed.
 - A woman who is ≥ 21 days postpartum and has not experienced return of her menstrual cycle needs to abstain from sexual intercourse or use additional contraceptives for the next 7 days
 - If her menstrual cycles have returned and it has been >5 days since her LMP, she needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
- 

Postabortion (Spontaneous or Induced)

- **Timing:** The implant can be inserted within the first 7 days, including immediately after the abortion
 - **Need for back-up contraception:** The woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days unless the implant is placed at the time of a surgical abortion.
- 

Switching from Another Contraceptive Method

- **Timing:** The implant can be inserted immediately if it is reasonably certain that the woman is not pregnant
- **Need for back-up contraception:** If it has been >5 days since menstrual bleeding started, the woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days after insertion.



Switching from an IUD

If the woman has had sexual intercourse since LMP and it has been >5 days since LMP, consider any of the following options:

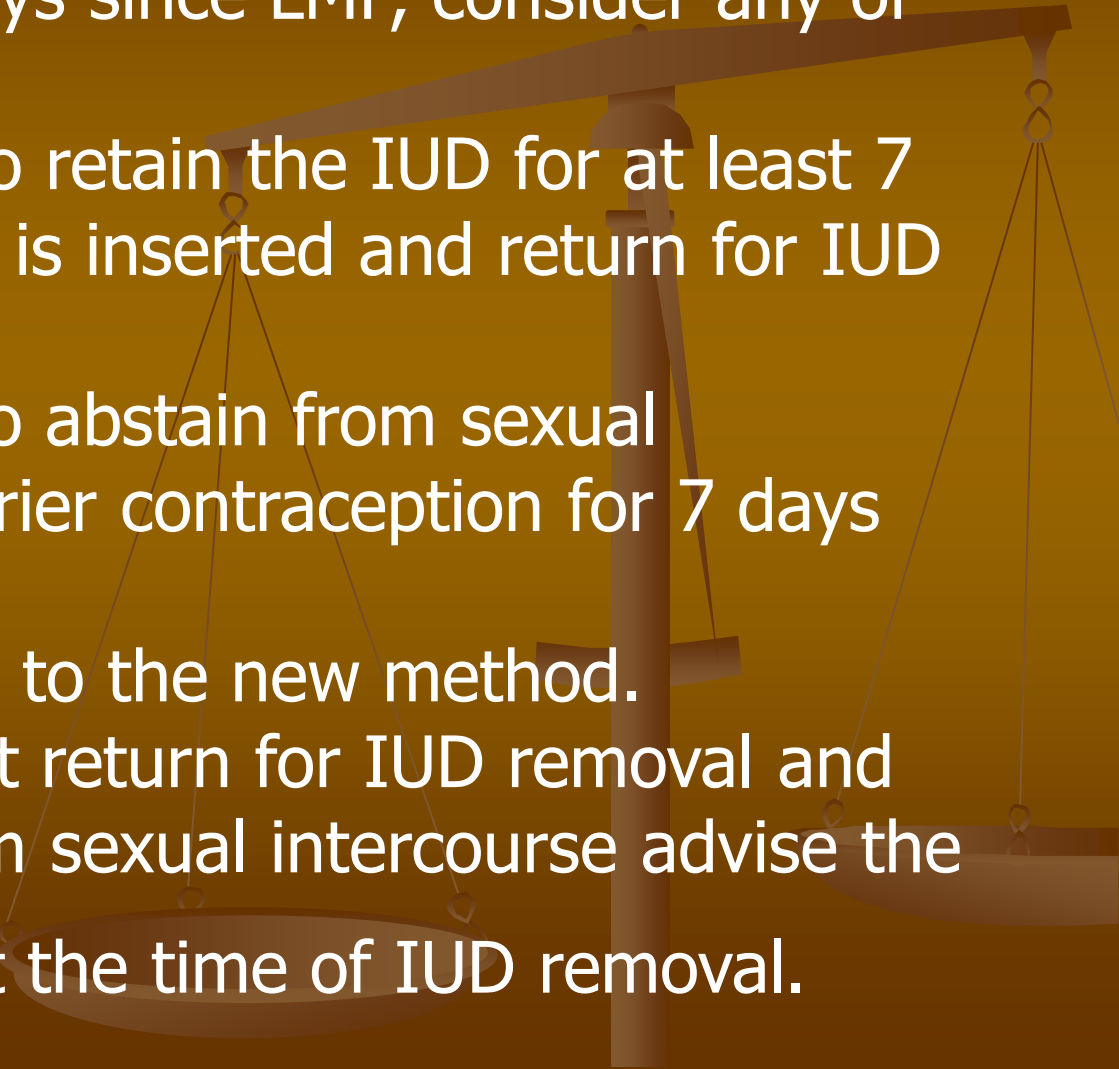
- Advise the woman to retain the IUD for at least 7 days after the implant is inserted and return for IUD removal.
 - Advise the woman to abstain from sexual intercourse or use barrier contraception for 7 days before removing the IUD and switching to the new method.
 - If the woman cannot return for IUD removal and has not abstained from sexual intercourse advise the woman to use ECPs at the time of IUD removal.
- 

TABLE 2. Classification of examinations and tests needed before implant insertion

Examination or test	Class*
Examination	
Blood pressure	C
Weight (BMI) (weight [kg] / height [m] ²)	— [†]
Clinical breast examination	C
Bimanual examination and cervical inspection	C
Laboratory test	
Glucose	C
Lipids	C
Liver enzymes	C
Hemoglobin	C
Thrombogenic mutations	C
Cervical cytology (Papanicolaou smear)	C
STD screening with laboratory tests	C
HIV screening with laboratory tests	C

Classification system of recommendation (WHO)

Class A: These tests and examinations are essential and mandatory in all circumstances for safe and effective use of the contraceptive method. (Harus diperiksa)

Class B: These tests and examinations contribute substantially to safe and effective use. (Sebaiknya diperiksa)

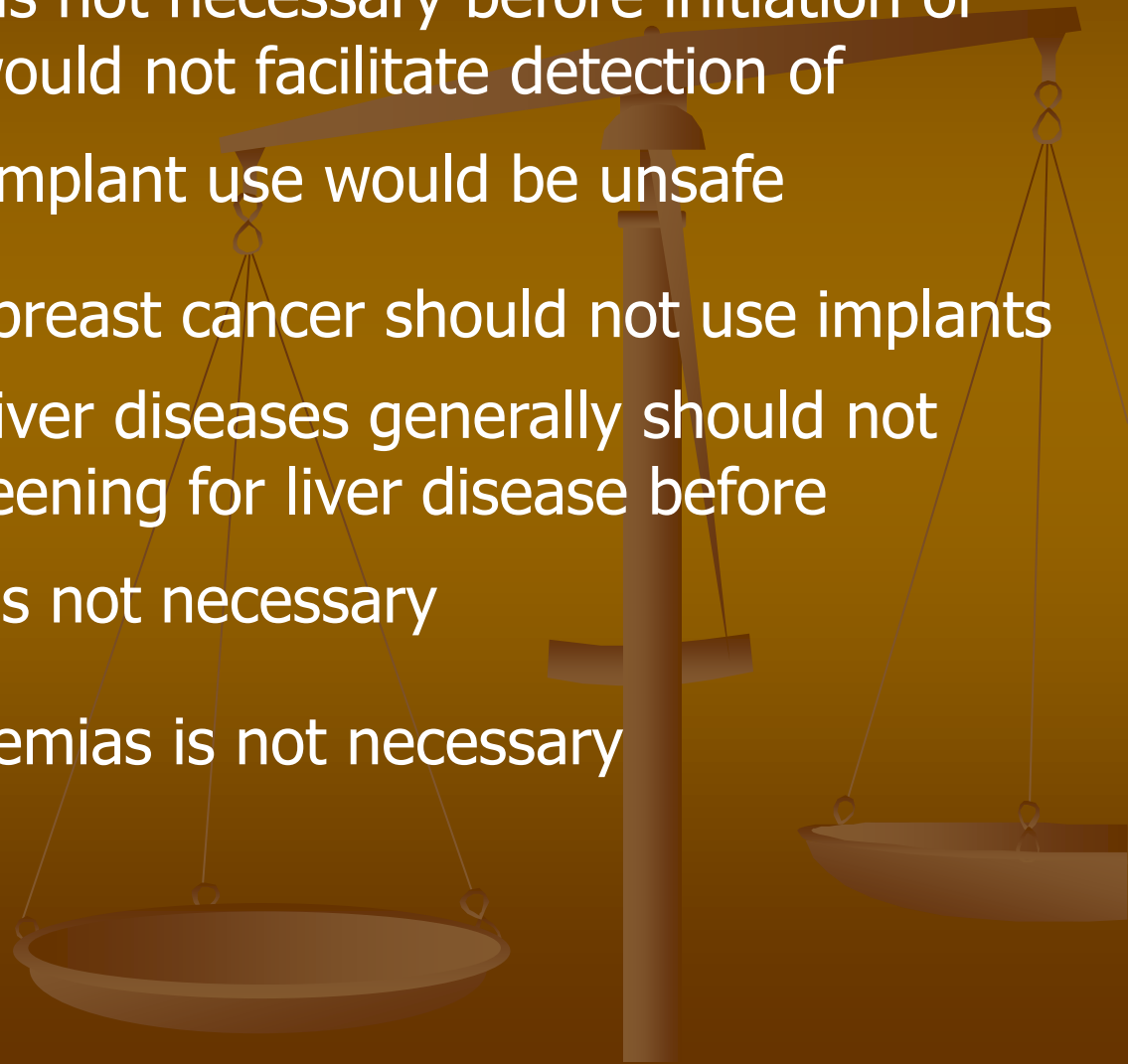
Class C: These tests and examinations do not contribute substantially to safe and effective use of the contraceptive method. (Nggak perlu diperiksa)

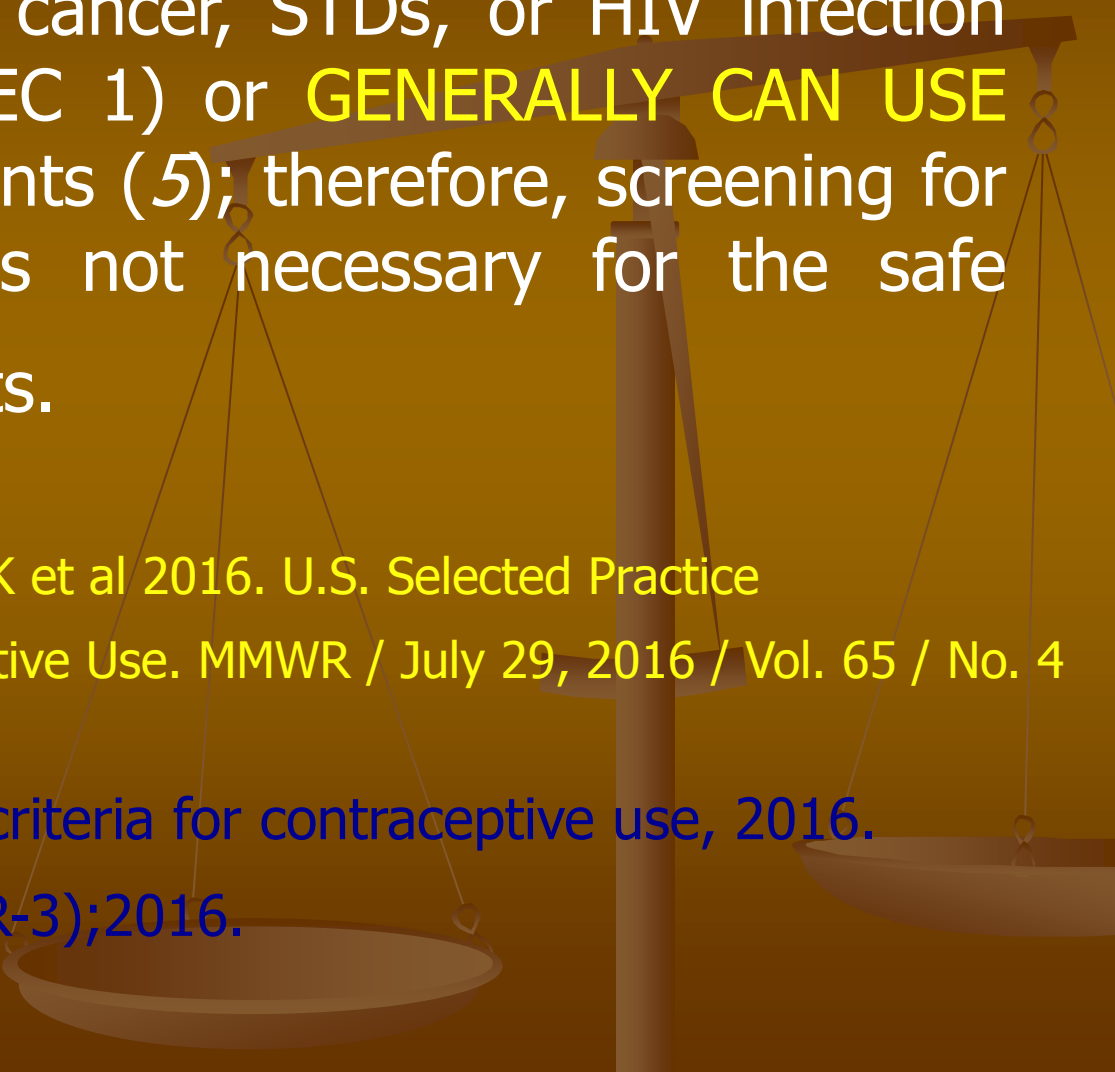
Obese women can use implants ; therefore, screening for obesity is not necessary for the safe initiation of implants
A pelvic examination is not necessary before initiation of implants because it would not facilitate detection of conditions for which implant use would be unsafe

Women with current breast cancer should not use implants

Women with certain liver diseases generally should not use implants, but screening for liver disease before initiation of implants is not necessary

Screening for dyslipidemias is not necessary





Women with hypertension, diabetes, anemia, thrombogenic mutations, cervical intraepithelial neoplasia, cervical cancer, STDs, or HIV infection **CAN USE** (U.S. MEC 1) or **GENERALLY CAN USE** (U.S. MEC 2) implants (5); therefore, screening for these conditions is not necessary for the safe initiation of implants.

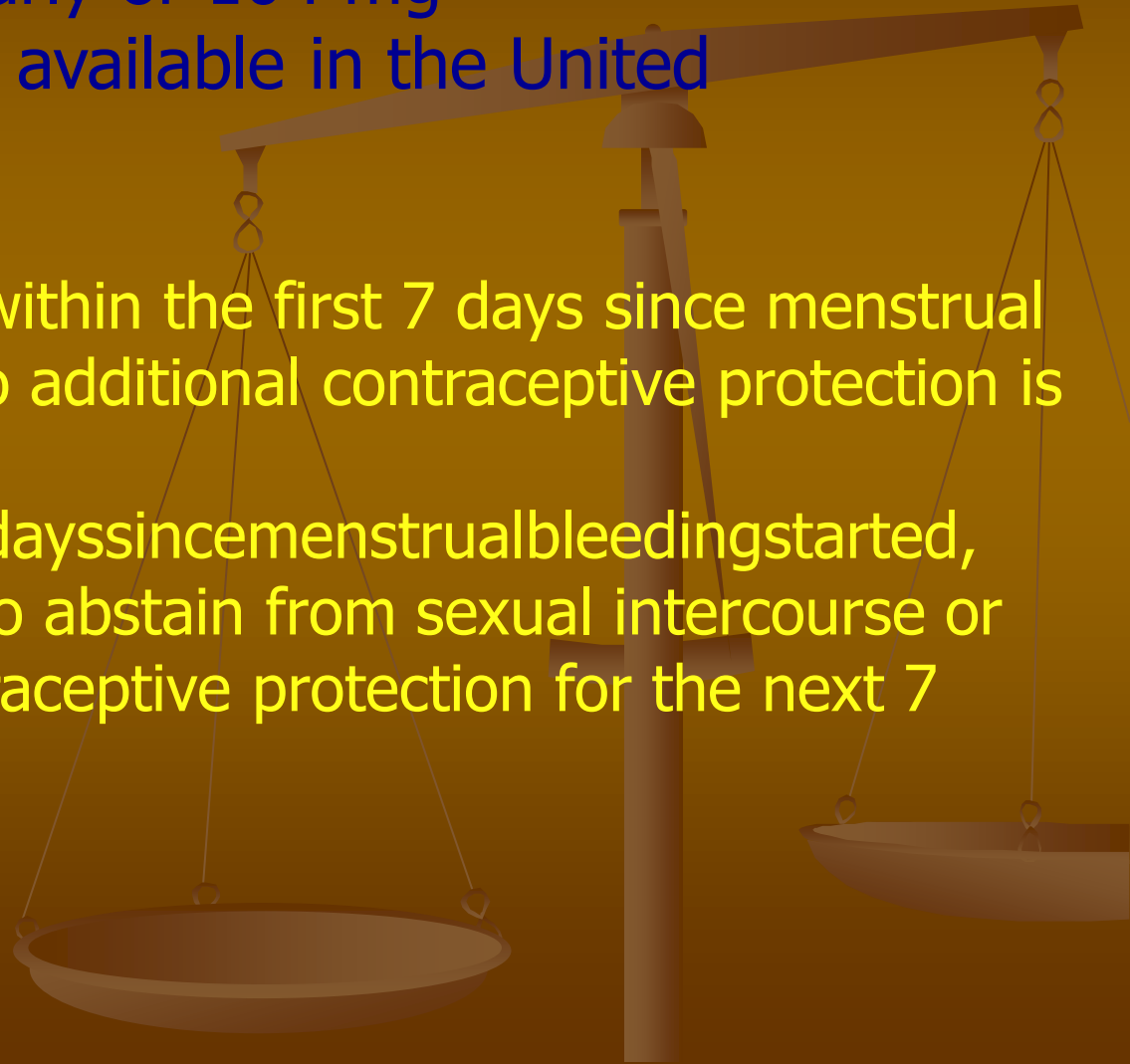
Curtis KM, Jatlaoui TC, Tepper NK et al 2016. U.S. Selected Practice Recommendations for Contraceptive Use. MMWR / July 29, 2016 / Vol. 65 / No. 4

CDC. U.S. medical eligibility criteria for contraceptive use, 2016. MMWR Recomm Rep (No. RR-3);2016.

PROGESIN ONLY INJECTABLE

Progestin-only injectable contraceptives (DMPA, 150 mg intramuscularly or 104 mg subcutaneously) are available in the United States;

- If DMPA is started within the first 7 days since menstrual bleeding started, no additional contraceptive protection is needed.
- If DMPA is started > 7 days since menstrual bleeding started, the woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.



DMPA

Amenorrhea (Not Postpartum)

- **Timing:** The first DMPA injection can be given at any time if it is reasonably certain that the woman is not pregnant (Box 2).
- **Need for back-up contraception:** The woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.

Lain-lain → seperti penggunaan Implant

Provide repeat DMPA injections every 3 months (13 weeks).

The repeat DMPA injection can be given up to 2 weeks late (15 weeks from the last injection) without requiring additional contraceptive protection.

DMPA

- If the woman is >2 weeks late (>15 weeks from the last injection) for a repeat DMPA injection, she can have the injection if it is reasonably certain that she is not pregnant.
- She needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
- She might consider the use of emergency contraception (with the exception of UPA) if appropriate.

UPA: Uliprisytal acetate

- Amenorrhea and unscheduled spotting or light bleeding is common with DMPA use.
- Heavy or prolonged bleeding can occur with DMPA use.
- These bleeding irregularities are generally not harmful and might decrease with continued DMPA use.

Unscheduled Spotting or Light Bleeding

Consider underlying gynecological problem: STD, pregnancy, polyps or fibroids).

- If an underlying gynecologic problem is not found and the woman wants treatment,: NSAIDs for short-term treatment (5–7 days). For heavy bleeding → COCs or EE
- If unscheduled spotting or light bleeding persists and the woman finds it unacceptable, counsel her on alternative contraceptive methods, and offer another method.

Progestin-Only Pills

Lynestrenol (first gen) : Exluton

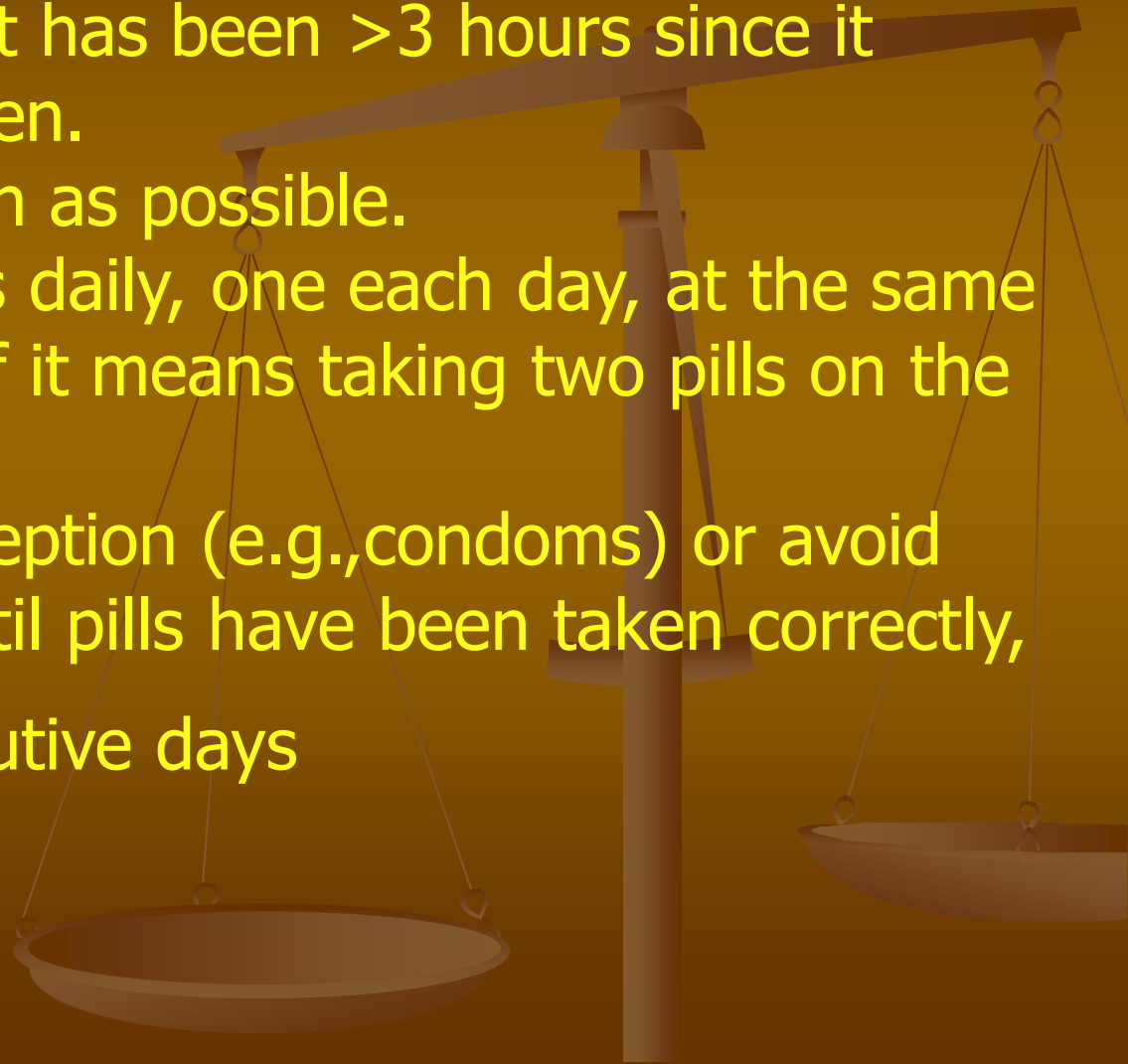
Desogestrel (second gen): Cerazette

- If POPs are started within the first 5 days since menstrual bleeding started, no additional contraceptive protection is needed.
- If POPs are started >5days since menstrual bleeding started, the woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 2 days.

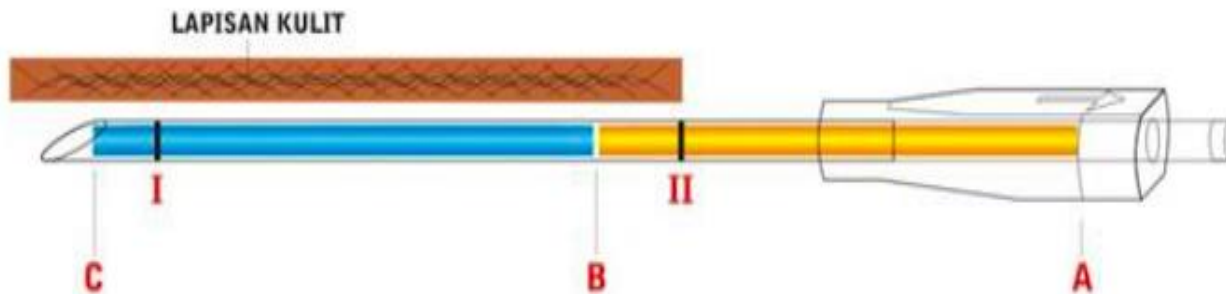
Missed POPs

For the following recommendations, a dose is considered missed if it has been >3 hours since it should have been taken.

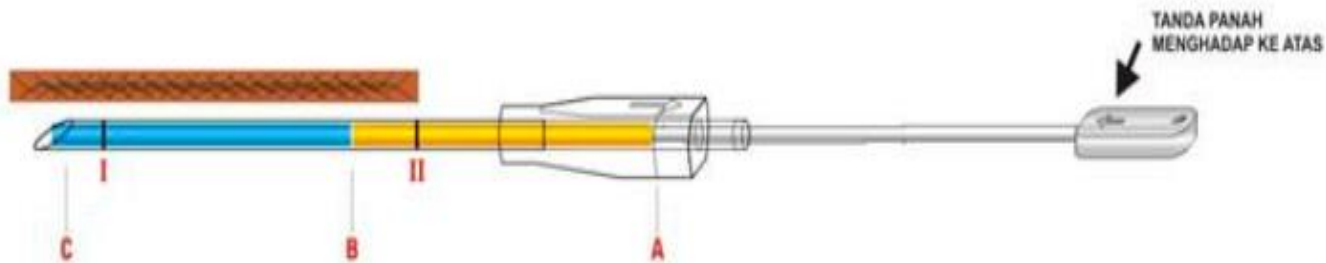
- Take one pill as soon as possible.
- Continue taking pills daily, one each day, at the same time each day, even if it means taking two pills on the same day.
- Use back-up contraception (e.g., condoms) or avoid sexual intercourse until pills have been taken correctly, on time, for 2 consecutive days



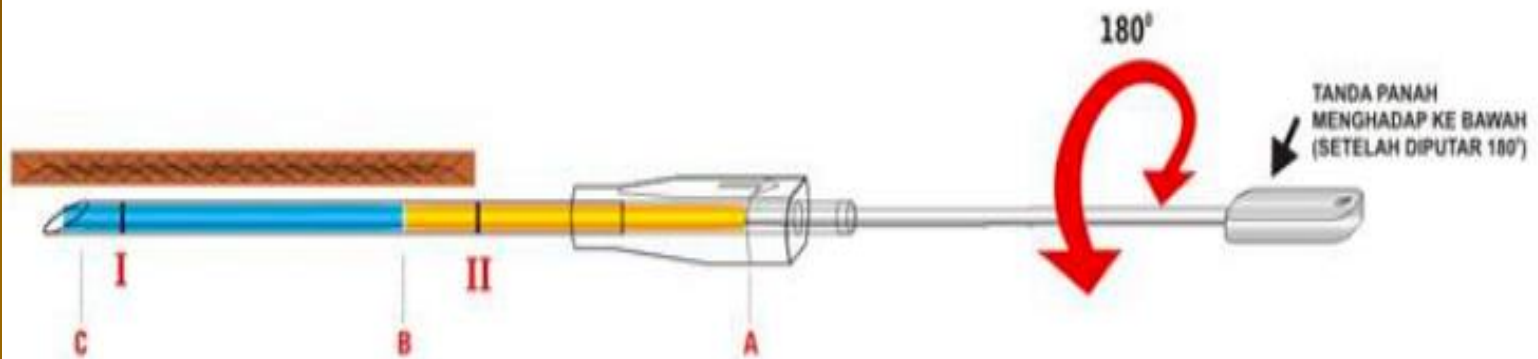
Indoplant



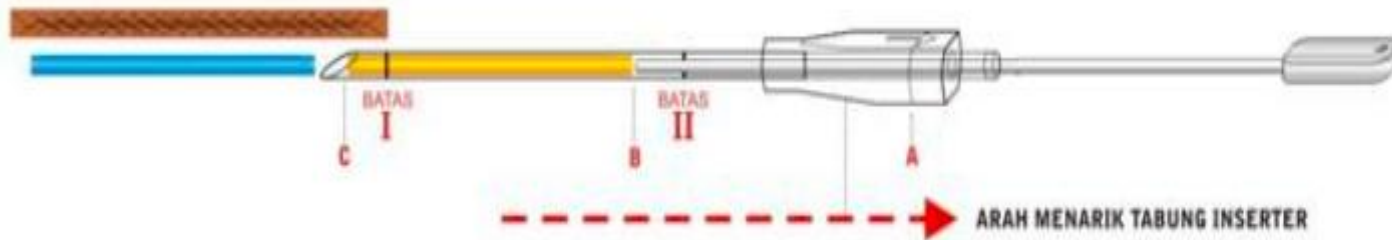
**I. Saat memasang TABUNG INSERTER
di bawah kulit sampai batas II**



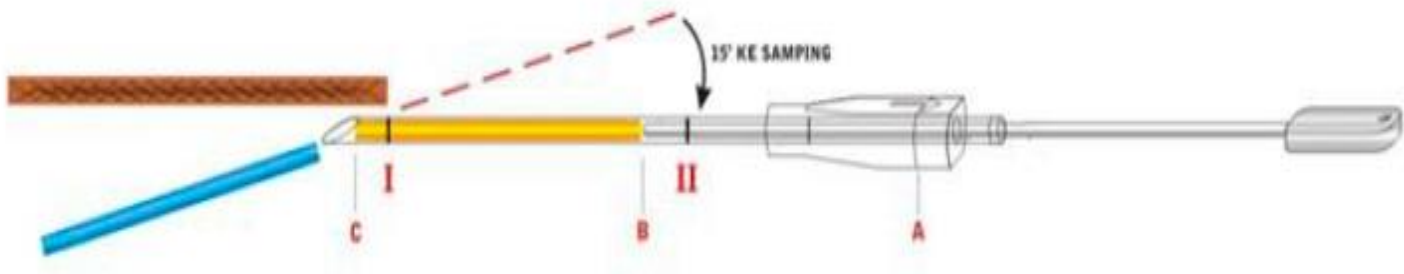
II. Pendorong inserter dimasukkan sampai batas A
Posisi tanda panah pada TABUNG INSERTER &
tanda panah pada PENDORONG INSERTER ada di atas



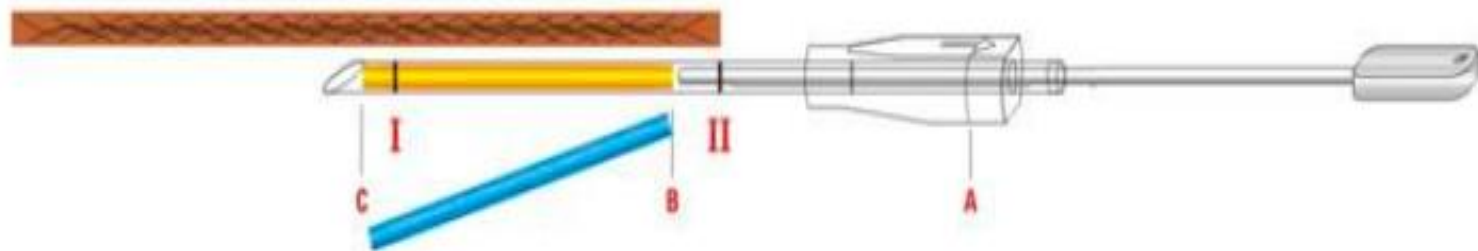
III. PENDORONG INSERTER diputar 180⁰
tanda panah menghadap ke bawah
saat akan mengeluarkan IMPLANT I



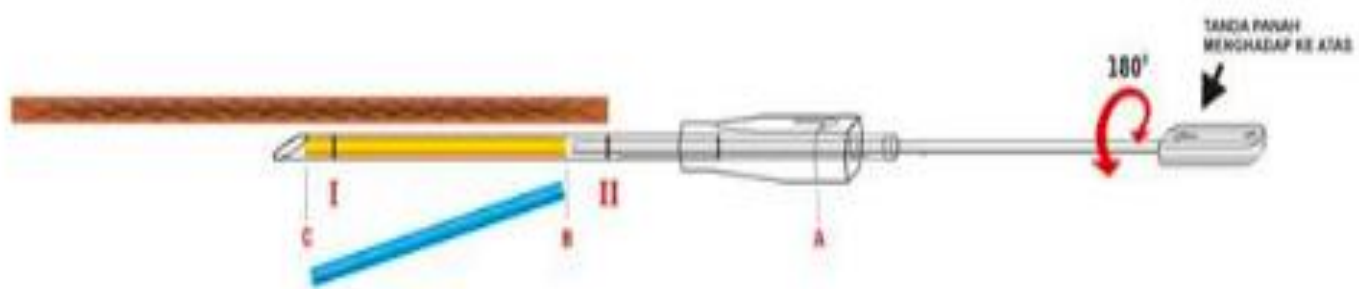
IV. TABUNG INSERTER ditarik keluar dari kulit sampai BATAS I, sambil PENDORONG INSERTER ditahan. IMPLANT I sudah masuk di bawah kulit.



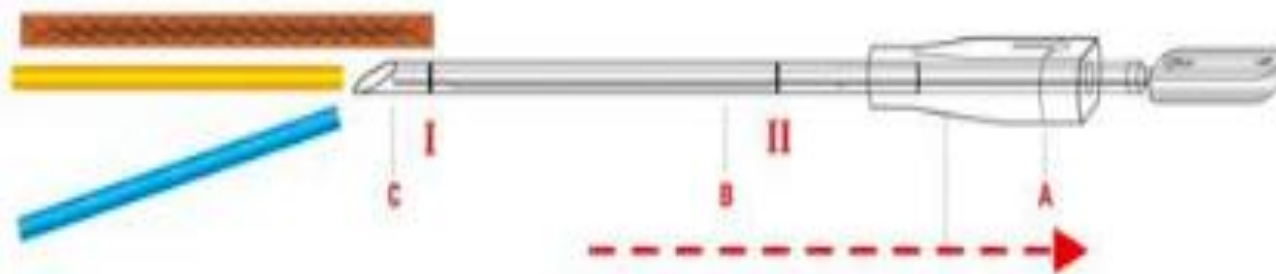
V. TABUNG INSERTER digerakkan ke samping 15°,



VI. TABUNG INSERTER kembali dimasukkan ke kulit sampai Batas II



VII. PENDORONG INSERTER diputar 180° tanda panah menghadap atas.



VIII. Sambil menahan PENDORONG INSERTER, TABUNG INSERTER ditarik sampai batas I, IMPLANT II masuk ke dalam kulit. TABUNG INSERTER langsung dikeluarkan dari dalam kulit.

Santen asale
klapa, cekap
semanten atur
kawula

POCs: mudah
pemakain, aman,
dan efektif

Kupat kecemplung
santen
Yen ta lepat
Nyuwun
ngapunte



Terima Kasih