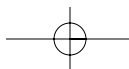


CHAPTER 17

Family planning

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Family planning

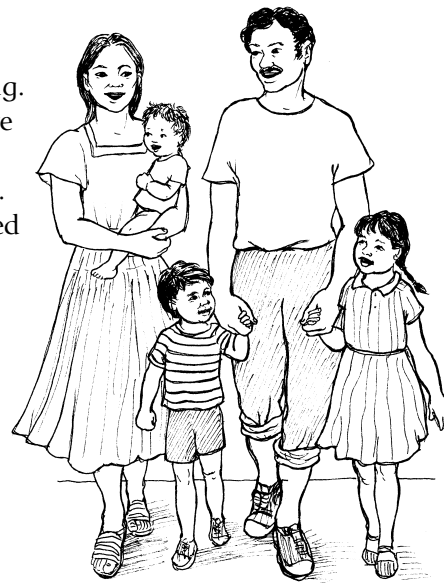
CHAPTER

17

Having the number of children you want, when you want them, is called family planning. It is also sometimes called child spacing. There are many methods, both traditional and modern, that can be used for family planning. Family planning methods are sometimes called birth control or contraception.

Why might a woman and a man want to use family planning?

- to take time to finish their education or have an income before they have children
- to allow a couple of years between their children
- to have only as many children as they feel they can support
- to avoid a risky pregnancy, for example if the woman has a certain illness, or is under 17 and does not have a fully formed pelvis



Childbirth should not be dangerous, but in places where women are poor, are not well fed, and do not have access to good health care, many women die because of heavy bleeding and other childbirth complications. A woman may want to protect herself by limiting the number of her pregnancies.

All women have the right to decide whether to have children and how many children to have. However, most women face barriers to this choice. Midwives can help women have more choices:

- by learning about family planning and sharing the information.
- by working with others to give couples more choices of family planning methods.
- by working with the community to get men more involved in using family planning.

Choosing a family planning method

On the following pages we describe different family planning methods. Before recommending a method, find out about the woman's needs.

- Does she want to be sure she will not get pregnant using this method?
- Is she concerned about side effects (uncomfortable and unintended effects)?
- Does she want a method she does not have to think about every day — or can she use a method that requires keeping charts or taking a pill each day?
- Is the woman's partner willing to cooperate in using family planning?
- How much can this woman spend on family planning?
- Does the woman want a method that she can stop using if she wants to become pregnant — or one that is permanent?
- Does she need a method that prevents sexually transmitted infections (STIs)?

The methods described in this chapter work well to prevent pregnancy. Each of these methods also has disadvantages. The woman and her partner may need instruction on how to use the method. The method may cost something, it may require a medical visit, or it may have certain health risks. Make sure you understand how comfortable, safe, costly, or complicated each method is before you recommend it. Make sure the woman understands too.

Consider STI protection along with pregnancy prevention

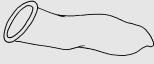








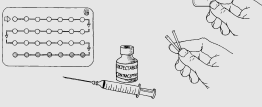















When thinking about family planning it is important to also think about HIV/AIDS and other STIs. Sexual intercourse, which causes pregnancy, is also how STIs are passed. Some family planning methods, like condoms, help prevent pregnancy and protect against STIs. Some, like birth control pills and intrauterine devices (IUDs), only prevent pregnancy.

When you are helping a woman choose a family planning method, you must help her think about her risk of STIs including HIV/AIDS. See page 320 to learn more about STIs.



On the next page is a chart that shows how well each method works to prevent pregnancy and to protect against STIs. The chart also shows what the possible side effects are for each method, and other important information about how the method must be used. Each method has stars to show how well it prevents pregnancy. Some methods have fewer stars even if they are fairly effective methods because they are often used incorrectly. When a man and a woman use a method correctly every time they have sex, the method will work better.

Choosing a family planning method

FAMILY PLANNING METHOD	Protection from pregnancy	Protection from STIs	Possible side effects	Other important information
Condom for men 	★★★ VERY GOOD	GOOD 		Most effective when used with spermicide and lubricant.
Condom for women 	★★ GOOD	GOOD 		Less effective when the woman is on top of the man during sex.
Diaphragm (with spermicide) 	★★ GOOD	SOME 		Effective when used with spermicide.
Spermicide 	★ SOME	NONE 	 skin allergy	More effective when used with another barrier method like diaphragm or condom.
Hormonal methods (birth control pill, patch, injections, implants) 	★★★★★ BEST	NONE 	 nausea, headaches, changes in monthly bleeding	These methods may be dangerous for women with certain health problems.
IUD 	★★★★★ BEST	NONE 	 heavy and painful monthly bleeding	This method may be dangerous for women with certain health problems.
Sex without intercourse 	★ SOME	SOME 		Couples may have a hard time sticking to this method.
Breastfeeding (during the first 6 months only) 	★★ GOOD	NONE 		To use this method, a woman must give her baby only breast milk, and her monthly bleeding must not have returned yet.
Fertility awareness 	★★ GOOD	NONE 		To use this method correctly, a woman must understand when she is fertile.
Sterilization 	★★★★★ BEST	NONE 		Women or men will never be able to have babies after this operation.
Pulling out (withdrawal) 	★ SOME	SOME 		More effective when used with another method like spermicide or diaphragm.

Condom for men (rubber or prophylactic)

A condom is a narrow bag of thin rubber that the man wears on his penis while having sex. The bag traps the man's sperm (seed) so that it cannot get into the woman's vagina or womb. Condoms work well to prevent pregnancy. Condoms also help prevent sexually transmitted infections (STIs), including HIV/AIDS.



The most effective condoms are made from latex or polyurethane — not sheepskin.

A new condom must be used each time a couple has sex.

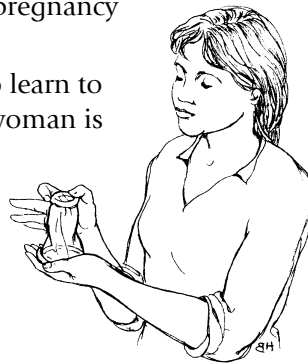
Lubricant can make sex feel better for both the woman and the man. It can also keep the condom from breaking. Use a water-based lubricant like saliva (spit), *K-Y Jelly*, or spermicide. Do not use oils, petroleum jelly (*Vaseline*), skin lotions, or butter. They can make the condom break. A drop of lubricant inside the tip of the condom makes it more comfortable on the penis. A little lubricant can also be rubbed on the outside of the condom after the man puts it on.

Condom for women (female condom)

A female condom fits into the vagina and covers the outer lips of the genitals. Each condom should be used only once, because it may break if it is reused. But if a woman does not have any other condoms, she can clean it and reuse it up to 5 times. It is better than nothing.

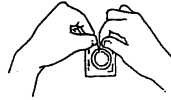
The female condom is very effective in preventing pregnancy and protecting against STIs and HIV/AIDS.

Female condoms can be expensive and take time to learn to use. They work best when the man is on top and the woman is on the bottom during sex.

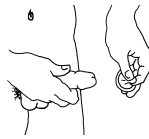


How to use a male condom

A new condom should come rolled up inside a small packet that has not been opened. Be careful not to tear the condom as you open the packet. If the condom is stiff, hard or feels sticky, throw it away. It will not work.



1. A condom should be put on the man's penis when it is hard, and before it touches the woman's genitals. An uncircumcised man should pull his foreskin back. The man should squeeze the tip of the condom and put it on the end of the penis.



2. Unroll the condom until it covers all of the penis. Keep squeezing the tip of the condom while unrolling. Without this extra space at the tip for the sperm, the condom may break.



3. Right after the man ejaculates (comes) and before his penis gets soft, he should hold on to the rim of the condom while he pulls his penis out of the vagina. Then he should carefully take the condom off.

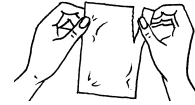


4. Tie the condom shut. Then throw it in the garbage or a latrine.

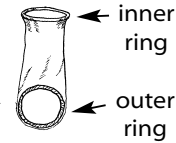


How to use a female condom

1. Carefully open the packet without tearing the condom.



2. Find the smaller inner ring, which is at the closed end of the condom.



3. Squeeze the inner ring together.



4. Put the inner ring in the vagina.



5. Use your finger to push the inner ring up into your vagina and over the cervix. The outer ring stays outside the vagina.



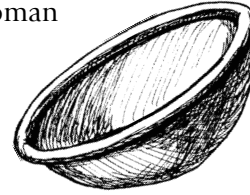
6. Be sure to guide the penis through the outer ring when you have sex.



7. Remove the female condom immediately after sex, before you stand up. Squeeze and twist the outer ring to keep the man's sperm inside the condom. Pull the condom out gently, then bury it or throw it in a latrine. Do not flush it down the toilet.

Diaphragm

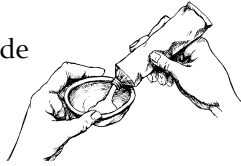
The diaphragm is a shallow cup of soft rubber that the woman wears in her vagina during sex. The diaphragm covers the cervix so that the man's sperm cannot get into her womb. The diaphragm should be used with spermicide (see page 305). When a diaphragm is used correctly, it is effective in preventing pregnancy and may also give some protection against STIs, like HIV/AIDS.



Diaphragms come in different sizes. A health worker must help a woman find the right size. Midwives can learn to fit women for diaphragms. It is easy to do once you have been trained.

How to use a diaphragm

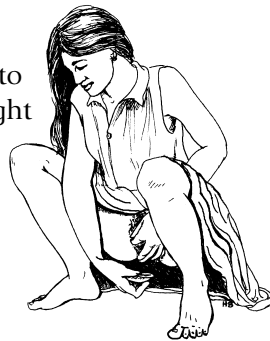
1. Squeeze some spermicide into the center of the diaphragm. Then spread a little around the edge of the diaphragm. If you do not have spermicide, you can still use the diaphragm, but it may not work as well.



2. Squeeze the diaphragm in half.



3. Push the diaphragm into the vagina, right over the cervix.



If the diaphragm is in correctly, the woman can feel her cervix through it.



4. Leave the diaphragm in place for at least 6 hours after sex. If the woman has sex again before 6 hours have passed, she should put more spermicide in her vagina first.

After using the diaphragm, the woman should wash it in mild soap and water. Then she should dry it, dust it in cornstarch if she has any, and store it in a clean, closed container.

Spermicide (foam, jelly, cream, or tablets)

A spermicide is a chemical that kills sperm after it comes out of the penis. Spermicides are fairly good at preventing pregnancy when used alone, and are very effective when used with a condom or diaphragm.



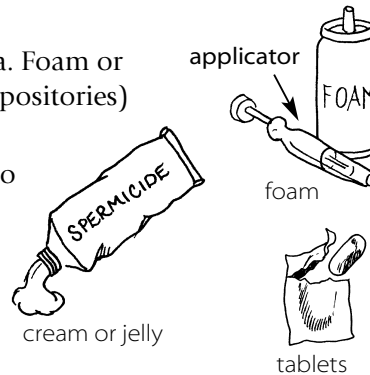
WARNING! A woman should use spermicide only if she knows that her partner does not have HIV/AIDS.

Most spermicide is made with a chemical called Nonoxynol 9. Nonoxynol 9 irritates the vagina, causing tiny cuts. These cuts allow HIV to pass more easily into the blood. So using spermicide, especially using it very often, may actually make HIV/AIDS more likely to pass during sex.

How to use spermicide

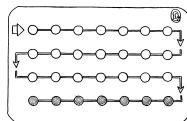
The woman puts the spermicide in her vagina. Foam or jelly is put in with an applicator. Tablets (suppositories) are put deep in the vagina with the fingers.

Spermicides should be put in the vagina no more than half an hour before having sex. Spermicide must be left in the vagina for at least 6 hours after having sex. A woman needs to put in more spermicide each time she has sex.



Hormonal methods

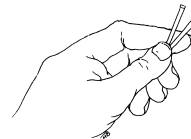
Birth control pills, injections, and implants contain hormones. Hormones are chemicals that a woman's body normally makes. Hormones regulate many processes in a woman's body including her monthly bleeding and her ability to become pregnant. Hormonal methods of family planning prevent pregnancy by stopping the woman's ovaries from releasing eggs into her womb. Some hormonal methods include:



pills

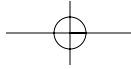


injections



implants

New hormonal methods are still being invented. Some newer methods are a contraceptive patch, a ring (worn around the cervix), and a hormonal IUD.



Chapter 17: Family planning

Hormonal methods are very effective in preventing pregnancy. But none of them used alone protect women against HIV/AIDS or other STIs.

Most birth control pills and some injections contain two hormones: estrogen and progestin. Implants, some pills, and some injections contain only progestin.

Some women should not use a method that contains estrogen.

These women should use progestin-only methods:

- Women who are breastfeeding in the first 8 weeks after the birth. Estrogen passes through the breast milk, but after 8 weeks it is safe for the baby.
- Women who have high blood pressure.
- Women who have diabetes.
- Women who have epilepsy.
- Women who have ever had a stroke, paralysis, or heart disease.
- Women who have hepatitis or liver problems (yellow skin and eyes).
- Women who have ever had a blood clot in the veins. A blood clot usually causes a deep and steady pain in one leg or hip. (Varicose veins are not usually a problem, unless the vein is red and sore.)



Some women should not use any hormonal method.

- Women who have breast cancer.
- Women who might be pregnant already.
- Women who have very heavy monthly bleeding or monthly bleeding that lasts for more than 8 days.



These women should **not** use pills, injections, implants, or any other hormonal method.

Side effects

Hormonal methods sometimes have side effects. These effects are not dangerous, but they are often uncomfortable. Hormonal methods can make a woman have:

nausea



headaches



weight gain



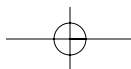
swelling of the breasts



changes in monthly bleeding



These effects usually get better after a few months. If they do not get better, the woman can try a different family planning method.



Birth control pills (oral contraceptives or “the pill”)

Birth control pills have all the benefits and problems of hormonal methods listed on page 306.

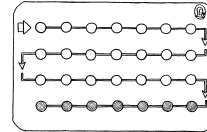
When a woman takes a birth control pill at the same time every day, this method is one of the most effective ways to avoid pregnancy.

There are many brands of birth control pills. Pills should be “low-dose.” That means they should have 35 micrograms (mcg) or less of estrogen, and 1 milligram (mg) or less of progestin. Women should never use pills with more than 50 mcg of estrogen.

How to take birth control pills

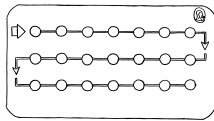
A woman should take the first pill in a packet on the first day of monthly bleeding. If that is not possible, she should take the first pill anytime in the first 7 days after she starts her monthly bleeding.

Pills come in packets of 21 or 28 tablets. If a woman is using a 28-day packet, she should take one pill every day. As soon as she finishes one packet, she should begin taking a new one.



28-day pill packet

(The last 7 pills in a 28-day packet are made of sugar. They have no hormones in them. Women can take these pills as a way to remember to take pills each day at the same time.)



21-day pill packet

If a woman is using a 21-day packet, she should take one pill every day for 21 days. She should then wait 7 days before starting a new packet. Usually, a woman will start her monthly bleeding after the 21st day. But even if she does not, she should start a new packet in 7 days.

The pills will not prevent pregnancy for the first 4 weeks that the woman takes them. During the first 4 weeks on pills, the woman should use condoms or another backup method of family planning. Otherwise she may become pregnant.

It is best to take the pill at about the same time every day. Many women take the pill with food, especially if they feel some nausea during the first few months that they take it.



Chapter 17: Family planning

What if a woman forgets to take her pill?

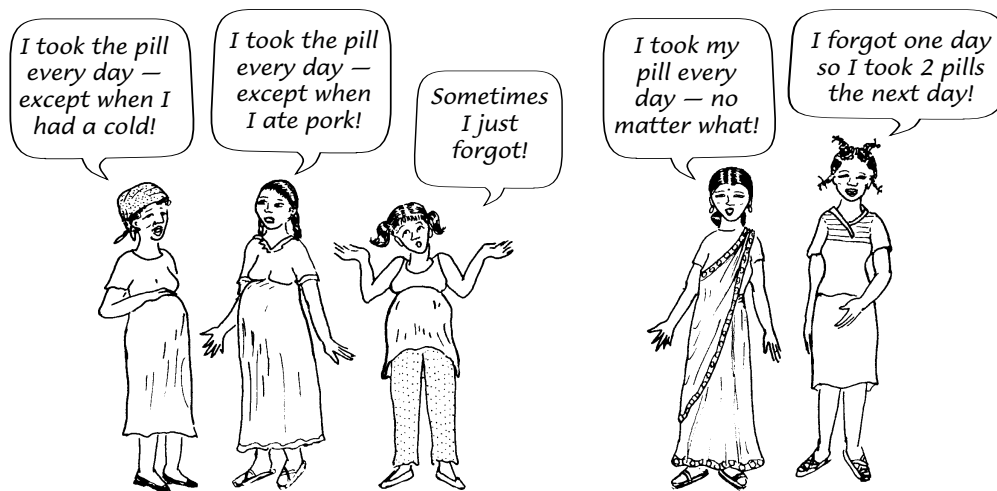
If a woman forgets to take 1 or 2 pills, she should take 1 as soon as she remembers. Then she should take the next pill at the regular time — even if she must take 2 pills in one day.

If a woman forgets to take 3 pills, 3 days in a row, she should take 1 pill right away. Then she should take 1 pill each day at her regular time.

If she is using a 28-day packet of pills, she should only take the hormonal pills, and should skip the sugar pills. If she is taking a 21-day packet of pills, she should start a new packet as soon as she finishes the one she is taking now.

To prevent pregnancy, she should use condoms any time she has sexual intercourse within 7 days of missing her pills.

REMEMBER: Birth control pills will not be effective if they are only taken some of the time. A woman who uses birth control pills must take one pill every day, at the same time of day — even if she is taking other medicine, eating special foods, or is ill.

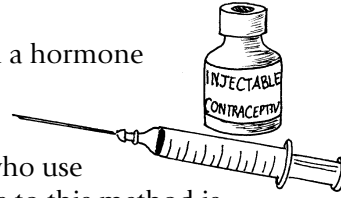


WARNING! If a woman taking the pill gets any of these signs, she should get medical advice right away:

- chest pain and shortness of breath
- strong headaches
- numbness in arms or legs
- strong pain in one leg

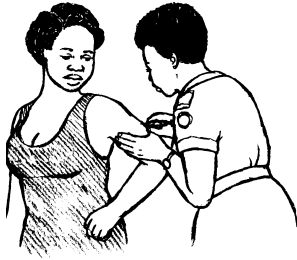
Injectable contraceptives

With this method, a health worker gives a woman a hormone shot to keep her from getting pregnant. One shot lasts 1 to 3 months.



Injections are very effective. Very few women who use this method become pregnant. Another advantage to this method is that a woman does not have to do anything before having sex. And no one except her health worker needs to know she is using a family planning method.

The disadvantages are similar to those for birth control pills — some women have weight gain, sore breasts, nausea, or unusual monthly bleeding. Many women who have injections have no monthly bleeding at all. These effects are not dangerous, but they may be uncomfortable. Another disadvantage is the woman must go to a health worker once every 1 to 3 months to get the injection. And like other hormonal methods, injections do not protect against HIV/AIDS or other STIs.



Most injections contain only progestin. *Depo Provera* and *Noristerat* are the most common brands. These injections are safe to use while breastfeeding, and are safe for other women who should not use estrogen (see page 306).

Some injections contain estrogen, but they cost more and are hard to find. They must be injected once every month. A woman using these injections will usually have a normal monthly bleeding.

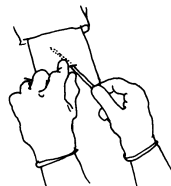
When a woman stops getting injections, it may take longer than usual (as much as a year or more) for her to get pregnant. Women should always be told this before getting injectable contraceptives. For this reason, injections are best for women who are sure they do not want to get pregnant in the next year or more.

Implants

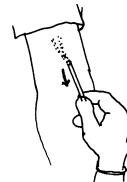
With this method, a trained health worker puts small, soft tubes of progestin under the skin of a woman's arm. The implant then prevents pregnancy for 3 to 5 years, depending on the type of implant. The implants must be replaced after those 3 to 5 years are over. If a woman wants to get pregnant before that time, the implant must be removed by a health worker.



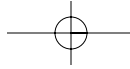
Implants



Implants are put under the skin ...



... and can be removed by a trained health worker.



Chapter 17: Family planning

A woman with implants does not have to do anything before sex to prevent pregnancy. Implants are very effective, although very fat women may not get the same protection from pregnancy as thin women. Implants only contain progestin — so they are safe for women who should not take estrogen. And they can be used safely while breastfeeding.

Implants have the same risks and side effects as other hormonal methods (see page 306). Most women who use implants have very irregular monthly bleeding, with spotting and bleeding between monthly bleeding. This usually gets better after a year of using this method. And like any hormonal method, implants do not protect against HIV/AIDS or other STIs.

A woman cannot remove implants herself. They can only be removed by a trained health worker. And it may be difficult to find a health worker who knows how to remove them. Women should understand this before the implants are put in.



WARNING! Watch women with implants for these signs of dangerous health problems. **Get medical help if you find any of these signs:**

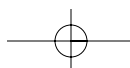
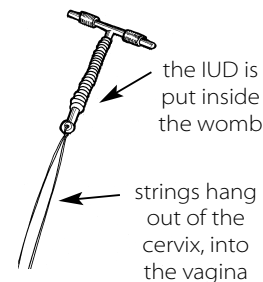
- arm pain near the implant
- pus, redness, or bleeding around the implant
- implant comes out
- monthly bleeding stops after being regular for several months

Intrauterine device (IUD)

The IUD is a small device made of plastic, or plastic and copper, that is put inside the womb to prevent pregnancy. The IUD is also called the IUCD, copper T, or the loop. Chapter 21, starting on page 388, explains more about IUDs and how to insert them.

Once the IUD is put in, it stays inside the womb until it is taken out by a trained person. IUDs must be replaced every few years. Different IUDs can be left in for different lengths of time.

Neither the woman nor man feel the IUD while having sex. A woman who uses an IUD does not have to do anything before having sex. And no one needs to know that the woman has an IUD inside.



Women who have STIs, vaginal or womb infections, or HIV/AIDS, should not use the IUD. These are some of the disadvantages or risks of the IUD:

- The IUD does not protect against HIV/AIDS or other STIs. If a woman already has an STI when an IUD is inserted, that infection is likely to spread to her womb. Womb infection can lead to infertility or other serious health problems.
- The IUD can make monthly bleeding painful or heavier. Heavy monthly bleeding can cause anemia.
- The IUD can cause miscarriage if a woman gets pregnant while using an IUD or if she has one put in when she is pregnant.
- The woman cannot put in or take out the IUD herself. A health worker must do it.

For these reasons, it is best if a woman who uses an IUD lives close to medical center.



WARNING! A woman with an IUD should get medical help if any of these danger signs appear:

- late or missed monthly bleeding or unusual spotting between monthly bleeding
- pain in the belly that does not go away, or pain during sex
- signs of infection: unusual discharge or bad smell from the vagina, fever, chills, feeling ill
- IUD strings get shorter or longer, are missing, or the IUD can be felt in the vagina

A woman with an IUD must check every month to be sure it is still in place. The best time to check is after her monthly bleeding.

First she should wash her hands. Then she should reach into the vagina with 2 fingers and feel for the strings of the IUD. They should be the same length each month.

If the strings are shorter or longer, or if she cannot feel the strings at all, the strings may have moved up into the womb, or the IUD may have fallen out. In this case, the woman should use another method of family planning, and she should get medical help.



Sex without intercourse

There are many ways to have sex that do not cause pregnancy. Oral sex (mouth on genitals) and sexual touch (touching the genitals or other parts of the body) are both sexual activities that many couples enjoy. They have very low risk of passing HIV/AIDS and other STIs and they cannot cause pregnancy. Anal sex also cannot cause pregnancy, although HIV/AIDS and other STIs can pass very easily this way.



Avoiding all sexual intercourse is the most sure way to prevent pregnancy and can be a good way to reduce the risk of HIV/AIDS and other STIs. Not having sexual intercourse may be very difficult for couples to practice for a long time.

Breastfeeding

In the first 6 months after birth, most women who breastfeed do not release eggs from their ovaries (see page 29), and so they cannot get pregnant when they have sex.

Women usually do not get pregnant if they are breastfeeding and:

1. **the baby is less than 6 months old**, and
2. **the woman has not had any monthly bleeding since giving birth**, and
3. **the woman is giving the baby only breast milk.**



The woman can easily get pregnant if she is giving the baby formula, water, or other drinks. She may get pregnant if the baby goes longer than 6 hours between breastfeeding times.

The breastfeeding method does not protect against HIV/AIDS or other STIs. Also, getting infected with HIV while breastfeeding creates a danger of passing HIV/AIDS to the baby. If there is any chance that the mother's partner has HIV/AIDS, they should use condoms each time they have sex.

Fertility awareness (natural family planning)

A woman can only get pregnant during her fertile time when an egg comes from her ovary into her tubes and womb — about once a month (see page 29). To use fertility awareness, a woman must watch her body's signs to understand when she is fertile. During the fertile time she and her partner must not have sexual intercourse (the penis inside the vagina). At these times, they can try other types of sex like oral sex or sexual touching. Or they can prevent pregnancy by using condoms or a diaphragm during the fertile time.

Choosing a family planning method

Natural family planning costs nothing and has no side effects. But it can be difficult to use. Women do not always know when they are fertile, and if they have one irregular cycle, they can easily get pregnant. This method usually works best when couples receive training before using it. Natural family planning does not protect against HIV/AIDS or other STIs.

Natural family planning does **not** work well for women who do not have control over when they have sex. During a woman's fertile times, her partner must be willing to use condoms or a diaphragm — or not have sexual intercourse.

Women whose cycles are very different lengths each month should not use this method either. Women who recently gave birth or had an abortion should not use this method until their cycles are regular for several months.

There are many ways to use fertility awareness. In this book we talk about the mucus method and the counting days method. These methods work best when they are both used together. But one method alone is better than nothing.



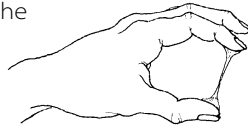
The mucus method

With the mucus method, a woman checks the mucus from her vagina every day to see if she is fertile. On her fertile days, the mucus is stretchy and slimy, like raw egg.

To check the mucus, a woman should wipe the vagina with a clean finger, paper, or cloth. Then she should look for mucus.

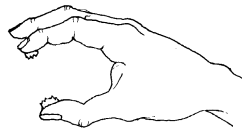
Clear, wet, slippery mucus

comes during the fertile time. Do not have sexual intercourse.



White, dry, sticky mucus

(or no mucus) comes during other times of the month. It is probably OK to have sexual intercourse 2 days after the first dry day.



After 2 or 3 months of practice, a woman can easily recognize these changes in her mucus.

How to use the mucus method

- Check the mucus at the same time every day. Check before having sex.
- Do not have sexual intercourse on any day you feel slippery mucus. Or use a condom or diaphragm on those days.
- Do not have sexual intercourse until 2 days after the last day that you have clear, slippery mucus.
- Do not douche or wash out the vagina at any time. This will wash the mucus away.

Use another method of family planning if you have a vaginal infection or if you are not sure whether it is a fertile time.



Chapter 17: Family planning

The counting days method

With the counting days method, a woman does not have sexual intercourse during any time that she might be fertile. This method can only be used by women with regular cycles that last between 26 and 32 days. This means that the time from the first day of one monthly bleeding to the first day of her next monthly bleeding must be at least 26 days, and no more than 32 days.

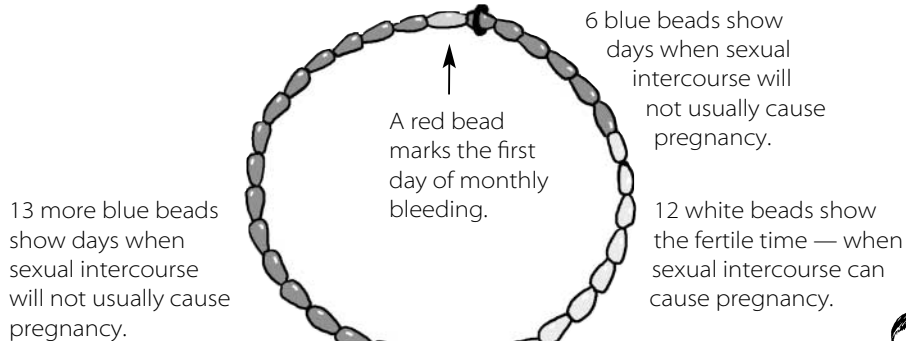
This method will usually work for a woman who has nearly the same number of days from one monthly bleeding to the next (regular cycles). But if a woman has one cycle of a different length, she can easily get pregnant. It is common for a woman to have a cycle of a different length when she is sick or feeling a lot of stress. When a woman is sick or feeling stress, it is best for her to use a different family planning method until she is well and her cycle is normal.

How to use the counting days method

For this method to work, the woman cannot have sexual intercourse from the 8th day of her cycle until the 19th day of her cycle. If she has sexual intercourse during this time, she must use another method of family planning.



Women can use beads, a chart, or some other tool to remember their fertile days. String 32 beads, of 3 different colors, into a necklace. Each color bead can represent a different part of the woman's cycle.



On the first day of her monthly bleeding, the woman puts a ring or string around the red bead. Each day, she moves the ring past one bead. When the ring is on any of the white beads, she may get pregnant if she has sexual intercourse. Whenever she starts her next monthly bleeding, she moves the ring back to the red bead at the start.

You may be able to buy a necklace like this called *CycleBeads*.



Or a woman can make a chart with 32 sections — 1 for each day of her cycle. She can mark off each day on the chart to remember when she can become pregnant.

sexual intercourse during the fertile time can cause pregnancy

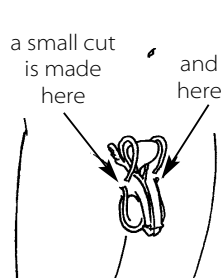
Sterilization

Sterilization is an operation that makes it almost impossible to have a baby. This method is permanent. It is only good for someone who never wants to have another baby.

These operations are done at medical centers. The surgery is fast and safe. Sterilization is almost always completely effective. A doctor can try to undo a sterilization, but that operation is expensive and often does not work.

Sterilization does not protect men or women against HIV/AIDS and other STIs.

Sterilization for men (vasectomy)



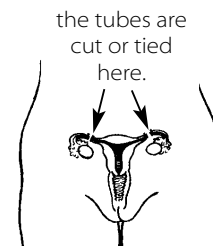
A vasectomy is a simple operation. It takes only about 10 minutes. A health worker cuts the tubes that carry sperm to the penis. The man's testicles are not cut.

The operation does not change a man's ability to have sex or feel sexual pleasure. He still ejaculates (comes), but sperm cannot get from the testicles into the semen. For about 3 months, there are still sperm in the tubes, so the couple must use another method of family planning.

Sterilization for women (tubal ligation)

Tubal ligation is a little more complicated than vasectomy, but it is still very safe. A health worker cuts or ties the tubes that carry the woman's eggs to her womb. The operation takes about 30 minutes.

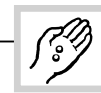
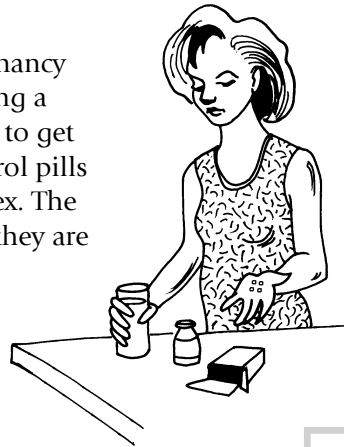
Tubal ligation does not change a woman's monthly bleeding or her ability to have sex and sexual pleasure.



Emergency contraception

Emergency contraception is a way to avoid pregnancy after having sex. If a woman has sex without using a family planning method, and she does not wish to get pregnant, she can take a high dose of birth control pills as soon as possible — within 5 days of having sex. The sooner a woman takes the pills, the more likely they are to work.

This is not a good method to use every time a woman has sex. Emergency contraception often causes nausea or headaches. It is not as dependable as other methods.



How to give emergency contraceptive pills

Most birth control pills contain ethinyl estradiol (estrogen) and levonorgestrel (progestin). The number of pills you take depends on how much ethinyl estradiol the pill contains.

- give 100 mcg (micrograms) ethinyl estradiol by mouth. Then 12 hours later, give another 100 mcg.

Using low-dose pills (*with 30 to 35 mcg ethinyl estradiol*)

- give 4 pills. Then 12 hours later, give 4 more pills.

Using high-dose pills (*with 50 mcg ethinyl estradiol*)

- give 2 pills. Then 12 hours later, give 2 more pills.

Emergency pills can give women headaches or severe nausea. Women can try eating something at the same time as taking the pills. If a woman vomits within 3 hours of taking the pills, she should take the same dose again.

Progestin-only pills

In some communities, women can buy pills specially made for emergency contraception. They have a higher dose of hormones, so women do not have to take as many pills. They may be made with only progesterone and no estrogen. Progesterone-only pills do not usually cause nausea.

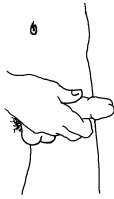
- give 0.75 mg levonorgestrel by mouth. Then 12 hours later, give another 0.75 mg.

Emergency IUDs

An IUD can also be used as emergency contraception. A trained health worker must insert the IUD within 5 days of a woman having sex. This will usually prevent a pregnancy. The IUD can then be left in to prevent future pregnancies. But this method should not be used by a woman who might have an STI.

Pulling out (withdrawal)

In this method, a man pulls his penis out of the woman's vagina and away from her genitals before he ejaculates. This prevents sperm from getting inside the vagina.



Even if a man does pull out every time before he ejaculates, this method does not work well. Sometimes men leak a little sperm before they ejaculate. A man may not be able to pull out before the sperm comes. Or he may not want to. This means the woman may get pregnant. This method is more effective when combined with another method like spermicide or a diaphragm.

This method may give some protection against HIV/AIDS and other STIs.

Homemade sponge method

With this method, a woman puts a sponge soaked in vinegar, lemon, or salt deep in the vagina before having sex. This method is not very effective, but it may prevent some pregnancies. A woman may wish to try it when no other method is available.

This method may irritate the vagina, which can make it easier for a woman to get STIs. The woman should stop using this method if it makes her vagina dry, sore, or itchy.

How to make a homemade sponge

1. Mix: 2 tablespoons of vinegar with 1 cup of clean boiled water **or** 1 teaspoon of lemon juice with 1 cup of clean boiled water **or** 1 spoon of salt with 4 spoons of clean boiled water

2. Wet a boiled piece of sponge about the size of an egg with one of these liquids.
3. Push the sponge deep into the vagina no more than 1 hour before having sex.
4. Leave the sponge in for at least 6 hours after having sex. Then take it out.



The sponge can be difficult to take out, but it cannot get lost in the vagina. It may be easier to take out if the woman squats and pushes down as if she is passing stool, while she reaches into her vagina. If she has trouble taking it out, she can tie a clean ribbon or string around it for the next time.

The sponge can be washed, boiled, and used again many times. Keep it in a clean, dry place. The liquid can be made ahead of time and kept in a bottle.

Methods that do not prevent pregnancy

These are some commonly used family planning methods that do not work. Some are also dangerous.

- Wearing charms will not prevent pregnancy. Neither will spells or prayers.
- Urinating after sex will not prevent pregnancy (though it may help prevent urinary tract infections).
- Washing out the vagina (douching) after sex does not prevent pregnancy. Some herbs or harsh chemicals used for douching can also injure the vagina.

Making family planning work for the community

Men must also be responsible for family planning

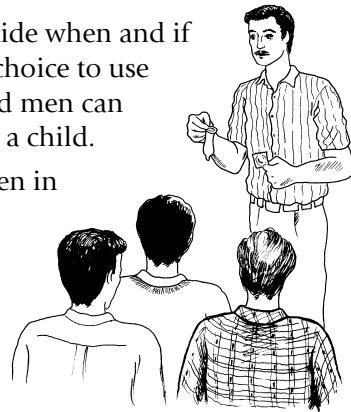
When men and women choose family planning together, it is much easier to use family planning successfully. Because men do not get pregnant, they do not always take the responsibility that women do for pregnancy and family planning. Many men think of family planning as the woman's problem.

Some men do not want their partners to use family planning. They may want lots of children, or they believe family planning is wrong, or they may feel that family planning is expensive or inconvenient to use and do not see any benefits to using it.

When men support the right of women to decide when and if they want to be pregnant, women can make the choice to use family planning if they want to. Then women and men can both have sex with less worry if they do not want a child.

As a midwife, you may be able to influence men in your community to take more responsibility for family planning. The number of children in the family will affect the health and well-being of every family member. Encourage men to:

- use condoms.
- support their partners in whatever family planning method they choose.
- talk to other men in the community about the importance of family planning.

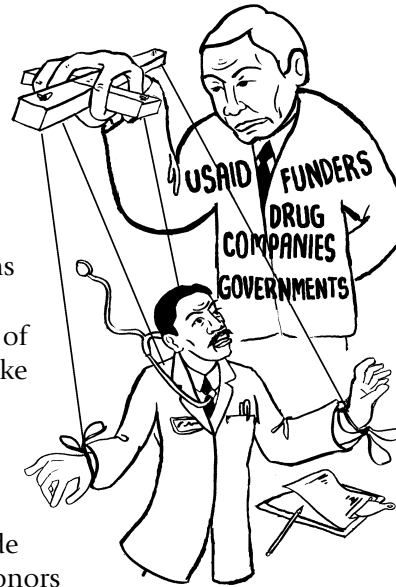


Family planning programs that work

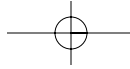
Midwives help individual women and men decide about family planning methods. In this work, they may find that family planning is difficult to get in their communities. Midwives may then get involved in making family planning programs work better.

What makes a family planning program work to improve a woman's health, her knowledge, and her control over her body?

- A wide choice of methods, for both men and women, with clear information about benefits and risks.
- Good testing to know if a woman has a health problem, such as high blood pressure, that means she should not use a certain method. Good follow-up care to make sure a method is not causing problems and to help the woman try another if it is.
- Health services that include family planning along with care before, during, and after birth, support for breastfeeding, treatment for infertility, and treatment and prevention of STIs.
- Encouragement for men and women to share responsibility for birth control.
- Respect for local health providers and safe traditional practices, including traditional methods of regulating monthly bleeding and family planning. Midwives often have good experience combining traditional methods with modern methods of care.
- Freedom from pressure and coercion. Coercion means a health worker or someone else pushes a woman to use family planning or a certain method when she does not want to. This happens when programs limit the choice of method or set targets (a certain number of one method must be given). Targets make health workers push people to accept a method against their will or without full information. These can be problems with family planning programs funded by large groups outside the community, such as international donors and national governments.



Health workers should be free from pressure about which methods to offer women.

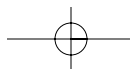


CHAPTER 18

Sexually transmitted infections

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Sexually transmitted infections

and other infections of the genitals

What are sexually transmitted infections?

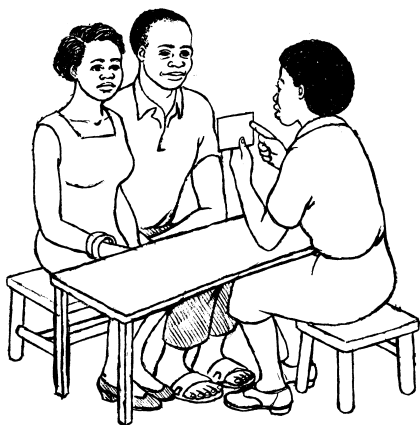
Sexually transmitted infections (STIs) are infections that are passed from one person to another during sex. Men, women, and their children can all be affected by STIs. Some common STIs are gonorrhea, chlamydia, trichomonas, syphilis, chancroid, herpes, hepatitis B, and HIV/AIDS.

If a person has any of these signs, he or she may have an STI:

- bad-smelling discharge
- itching genitals
- painful genitals
- sores or blisters on the genitals
- pain in the pelvis or pain during sex

It is also very common to have an STI and have no signs at all.

Many women and men have STIs but do not know it.



Untreated STIs can lead to very serious health problems, so anyone with an STI needs treatment as soon as possible. A woman with an untreated STI can develop a tubal pregnancy (see page 113), cancer of the cervix, or can become infertile (see page 30). An untreated STI in a pregnant woman can cause a baby to be born too early, too small, blind, sick, or dead. A person who has one STI can more easily get another — including HIV/AIDS.

This chapter describes the most common STIs and explains how to treat them and prevent them. It also describes some other infections of the genitals that are common but are not transmitted sexually.

How STIs are passed

To get an STI, a person must have close contact with someone who is already infected. The contact can be sexual intercourse (sex with the man's penis inside the woman's vagina), anal sex (penis in anus), or less often, oral sex (mouth on genitals or anus). STIs can sometimes pass from just rubbing an infected penis or vagina against another person's genitals. Many people get STIs from people who have no signs of being infected.

STIs can be prevented by not having sex with anyone who has an infection. They can also be prevented by using condoms. To learn about preventing STIs, see pages 334 and 336.

Babies can also be infected with an STI through the mother's blood during pregnancy or during birth when they pass through the vagina.

Treating STIs

Most STIs will get better or go away if the person with the STI gets treated right away. But many women do not get treatment. A woman may not be able to afford treatment. She may feel embarrassed or ashamed. She may be afraid that her husband will think she had sex with someone else.

For these reasons, the way you care for a woman who may have an STI is very important. If a woman comes to you for help, do not tell anyone else what she told you. She may not come to you for help again. Do not criticize her. Answer her questions honestly, and as best as you can. If you cannot treat her infection, help her find low-cost care nearby.

Remember:

- Treat STIs as soon as possible. Early treatment for STIs costs less and is more effective than later treatment.
- Treat partners too. Treating a woman for an STI will not help if her partner is still infected.
- Make sure the woman takes all the medicine she is given. Even if the signs of infection go away, a person must take all the medicine to cure the infection completely.



Note: All the medicines listed in this chapter are safe to take during pregnancy or while breastfeeding unless we include a warning that says they are not safe. Women who are not pregnant or breastfeeding may be able to take other, more effective drugs. See the book *Where Women Have No Doctor* or talk to a pharmacist to find out about other drugs.

Discharge from the vagina

It is normal for women to have some discharge (wetness) from the vagina. This discharge is the way the vagina cleans itself. The discharge changes during the days of the monthly cycle and also during pregnancy.

But a major change in the amount, color, or smell of the vaginal discharge can mean there is an infection of the genitals. This infection could be an STI, or could be another type of infection.



In this chapter, we organize the different infections a woman can have by the symptoms the infection causes. Discharge from the vagina can be a symptom of chlamydia, gonorrhea, trichomonas, or a vaginal infection that is not sexually transmitted.

Chlamydia and gonorrhea (clap, the drip, gono, VD)

Chlamydia and gonorrhea are both serious illnesses. But they are easy to cure if they are treated early. If they are not treated, they can lead to severe infection or infertility in women and men.

Signs in a woman

Signs can start weeks or months after having sex with an infected person.



- yellow or green discharge from the vagina or anus
- pain or burning when urinating
- fever
- pain in the lower belly
- pain or bleeding during sex
- or no signs at all

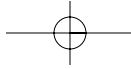
Both men and women can have chlamydia or gonorrhea with no signs. And even a person with no signs can pass chlamydia or gonorrhea to another person.

Signs in a man

Signs usually start 2 to 5 days after a man has sex with an infected person.



- discharge from the penis
- pain or burning while urinating
- pain or swelling in the testicles (balls)
- or no signs at all



Chapter 18: Sexually transmitted infections

Treatment

If possible, every pregnant woman should be tested for chlamydia and gonorrhoea. If the test shows she has one or both of these infections, **she and her partner should be treated**. But if it is not possible for her to be tested, and she or her partner have signs of the infection, they should be treated anyway. It is better to treat someone who might be infected — even if you do not know for sure.



To treat chlamydia

- give 500 mg erythromycin.....by mouth, 4 times a day for 7 days

or

- give 500 mg amoxicillinby mouth, 3 times a day for 7 days

To treat gonorrhoea

- inject 250 mg ceftriaxone.....in the muscle, 1 time only

or

- give 400 mg cefiximeby mouth, 1 time only

It is very common to have chlamydia and gonorrhoea at the same time. If you are not sure whether the woman has chlamydia or gonorrhoea, or if she might have both, treat her and her partner for both infections.

Note: In the past, penicillin was used to cure gonorrhoea. Now, in many places, penicillin will not kill gonorrhoea anymore because of drug resistance (see page 464). Find out which drugs work best in your area.

Problems in babies from chlamydia and gonorrhoea

Women who have chlamydia or gonorrhoea when they give birth can pass these infections on to their newborn babies. This can cause eye infection leading to blindness, or serious lung problems. A chlamydia or gonorrhoea infection in the eyes usually causes a thick yellow discharge from the eyes within the first month. To prevent eye infection in babies, put antibiotic ointment into each baby's eyes after birth (see page 260).



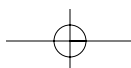
If a baby has a chlamydia infection

- give 30 mg erythromycin syrupby mouth, 4 times a day for 14 days

If a baby has a gonorrhoea infection

- inject 125 mg ceftriaxone.....in the thigh muscle, 1 time only

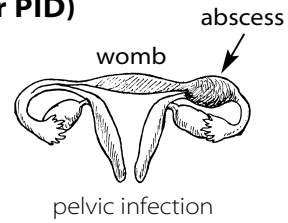
If you cannot test to find out which disease is causing the infection, give medicines for both.



Pelvic infection (pelvic inflammatory disease, or PID)

Pelvic inflammatory disease is a serious infection of a woman’s womb, tubes, or ovaries.

A pelvic infection can happen when a woman has an STI, usually chlamydia or gonorrhea, that is not treated. It can also happen to a woman after an abortion or after a birth. Germs get into the woman’s womb, tubes, or ovaries and cause infection there.



If a pelvic infection is not treated, it can cause long-term pain for the woman. Women who have had pelvic infections have a greater chance of having a tubal pregnancy or of becoming infertile. Pelvic infection can even lead to death.



Signs of pelvic infection

- pain in the lower belly
- high fever (more than 38°C or 100.4°F)
- feeling very ill or weak
- bad-smelling green or yellow discharge from the vagina
- pain or bleeding during sex



To treat pelvic infections

A woman with a pelvic infection should take 3 medicines at once. One medicine to treat chlamydia, one to treat gonorrhea, and another antibiotic — metronidazole:

For chlamydia

- give 500 mg erythromycin.....by mouth, 4 times a day for 14 days
- or**
- give 500 mg amoxicillinby mouth, 3 times a day for 14 days

AND for gonorrhea

- inject 250 mg ceftriaxone.....in the muscle, 1 time only
- or**
- give 400 mg cefiximeby mouth, 1 time only

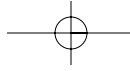
AND to kill any other germs that cause pelvic infection

- give 400 to 500 mg metronidazole.....by mouth, 3 times a day for 14 days

Do not take metronidazole in the first 3 months of pregnancy.

If the woman is not better after 2 days and 2 nights (48 hours), or if she has high fever or vomiting, she should go to a medical center right away. She needs strong IV medicines (in the vein).

health skills



Trichomonas (trich)

Trichomonas is very uncomfortable and itchy. Men usually do not have any signs but they can carry it in the penis and pass it to a woman during sex.

Trichomonas is not dangerous, but it can irritate the vagina, which can make it easier for a woman to get other STIs including HIV/AIDS.

Signs of trichomonas

- bubbly gray or yellow discharge
- bad-smelling discharge
- red and itchy genitals and vagina
- pain or burning while urinating

To help the woman feel better, she can take a **sitz bath**. She should sit in a pan of clean, warm water for 15 minutes as often as possible. This is soothing to the genitals and will speed healing. She should not have sex until she and her partner are finished with treatment and all the signs are gone.



To treat trichomonas

If the woman is pregnant:

She should wait until after the end of the third month for treatment. This drug is not safe in the first 3 months of pregnancy. After the third month:

- give 400 to 500 mg metronidazole.....by mouth, 2 times a day for 7 days

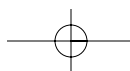
Also treat the woman's partner with 2 g metronidazole by mouth, 1 time only.

Yeast (candida, white discharge, fungus)

Yeast is not usually sexually transmitted, but it is a very common vaginal infection. It is especially common in pregnant women or women who are taking antibiotics or birth control pills. Men can also get yeast infections.

Signs of yeast

- itchy genitals
- white, lumpy, sticky discharge
- bright red skin outside and inside the vagina that sometimes bleeds
- a burning feeling when urinating
- a smell like mold or bread dough from the vagina



Treatment

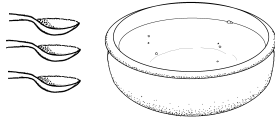
Yeast is not dangerous, but it is best to treat yeast in a pregnant woman before the birth, or the baby can get thrush (see page 290). Yeast can often be cured using natural remedies.

Natural remedies for yeast infection

Mix vinegar or yogurt in a pan of clean warm water. The woman should sit in this liquid 2 times a day until she feels better.

or she can also try making this mix:

Mix 3 tablespoons of vinegar with 1 liter (quart) of boiled cool water.



Soak a piece of clean cotton wool in this mixture and insert the cotton into the vagina every night for 3 nights. Remove the cotton each morning.



If natural remedies do not work, try one of these medicines:

To treat yeast infection

soak a clean piece of cotton in gentian violet 1%:

- insert the cotton.....into the vagina, every night for 3 nights. Remove the cotton each morning.

or

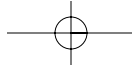
- put one 200 mg miconazole insert.....high in the vagina, each night for 3 nights

or

- put one 100,000 Units nystatin insert.....high in the vagina, each night for 14 nights

**Prevention**

Wearing loose clothing and underclothes made of cotton, rather than polyester or nylon, lets air around the genitals. This helps prevent yeast. Wash or change the underclothes often. Do not put soap in the vagina when bathing. Do not douche.



Bacterial vaginosis (BV, gardnerella)

Bacterial vaginosis is not sexually transmitted. It is not usually dangerous, but it can cause pregnant women to have their babies too soon or get an infection after the birth.

Signs of bacterial vaginosis

- more discharge than usual
- a bad, fishy smell from the vagina, especially after sex
- mild itching



To treat bacterial vaginosis

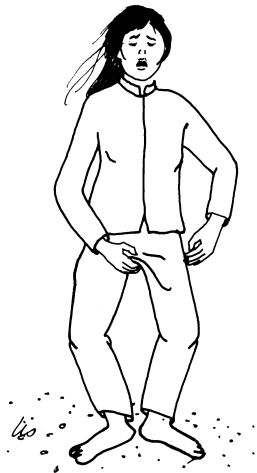
If the woman is pregnant:

She should wait until after the end of the third month. This drug is not safe in the first 3 months of pregnancy. After the third month:

- give 400 to 500 mg metronidazole.....by mouth, 2 times a day
for 7 days
- or**
- put one 500 mg metronidazole inserthigh in the vagina,
every night for 7 nights

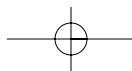
Itching of the genitals

Itching of the genitals can have many causes. Itching around the opening of the vagina could be yeast or trichomonas.



Itching in the hair of the genitals or close to the genitals could be caused by scabies or lice. Scabies or lice can be treated with local remedies, or with medicines found in most pharmacies. For more information, see *Where There Is No Doctor* or another general medical book.

Some itching is caused by soaps or deodorants that have perfume in them. It can also be caused by plants and herbs that are used for douching or washing out the vagina. Wash with plain water and see if the itching goes away.



Sores on the genitals (genital ulcers)

Most sores on the genitals are sexually transmitted. (There can be other causes of sores on the genitals — like boils or injuries.)

Sores on the genitals should be kept clean. Wash them with soap and water. Dry them carefully. Wash any cloth that you dry them with before you use it again.



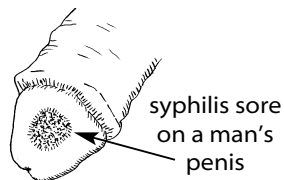
WARNING! When a person has a sore on the genitals, it is easy to get other infections through those sores — especially HIV/AIDS. The best way to prevent passing the infection to another person is to avoid sex until the sores heal.

Syphilis

Syphilis is a serious STI that affects the whole body. It can last for many years, getting worse and worse. Syphilis can be cured if it is treated early.

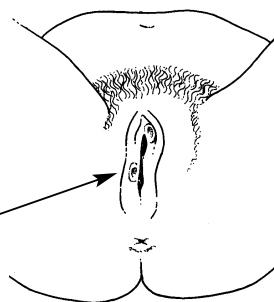
Signs of syphilis

1. The first sign is a sore that may look like a pimple, a blister, or an open sore. It appears 2 to 5 weeks after sexual contact with a person who has syphilis. This sore is full of germs, which are easily passed on to



another person. The sore does not hurt, and if it is inside the vagina, a woman may not know she has it. But she can still infect anyone she has sex with. The sore lasts for only a few days or weeks and then goes away. But the infection is still there and continues to spread throughout the body.

2. Weeks or months later, the infected person may get a sore throat, mild fever, mouth sores, swollen joints, or a rash — especially on the hands, feet, belly, and sides. During this time the person can pass the disease to others by simple physical contact like kissing or touching, because the syphilis germs are on the skin.
3. All of these signs usually go away by themselves, but the disease continues. If a person with syphilis does not get treatment early, the syphilis germs can cause heart disease, paralysis, mental illness (craziness), and death.



Chapter 18: Sexually transmitted infections

Syphilis and pregnancy

If a woman has syphilis when she is pregnant, her baby can be born too early, deformed, or dead. If possible, every pregnant woman should get a blood test to check for syphilis — especially if she has ever had sores on her genitals.



To treat syphilis

- inject 2.4 million Units benzathine benzylpenicillin.....in the muscle, 1 time only

or

if the person is allergic to penicillin:

- give 500 mg erythromycin.....by mouth, 4 times a day for 14 days

(Erythromycin is not always effective against syphilis. You may need to treat the woman with tetracycline after she finishes breastfeeding.)

If the person has had syphilis for 2 years or more, get medical help. She needs different medicines.



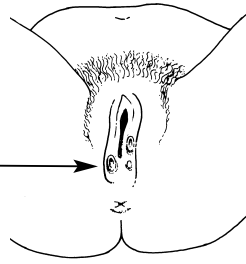
WARNING! It is very hard to tell the difference between **syphilis and chancroid** (see page 331). If you are not sure whether the woman has syphilis or chancroid, or if she might have both, you should give her benzathine penicillin **and** erythromycin.

Chancroid

Chancroid is an STI that causes sores on the genitals. It is easily confused with syphilis.

Signs of chancroid

- one or more soft, painful sores on the genitals or anus that bleed easily
- enlarged, painful glands (buboes) in the groin
- slight fever



To treat chancroid

- give 500 mg erythromycin.....by mouth, 4 times a day for 7 days
- or**
- inject 250 mg ceftriaxone.....in the muscle, 1 time only



Genital herpes

Genital herpes is a virus that causes painful blisters which burst and turn into sores on the skin. Herpes is spread when the sore on one person touches another person's skin — usually during sexual intercourse. Genital herpes usually affects the genitals or anus. Rarely, the sores may spread to the mouth during oral sex.

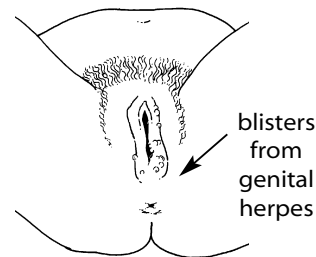
Note: Some sores on the mouth — called cold sores — are caused by another type of herpes. These sores are not usually passed through sex.

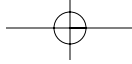
Signs of herpes

- tingling, itching, or pain on the genitals
- small blisters that burst and form painful open sores on the genitals

Once a person has the virus, he or she can get sores many times. The first time a person has herpes sores, they can last 3 weeks or more. The person may also have fever, headaches, body aches, chills, and swollen lymph nodes near the genitals. The next infections are usually not as bad as the first one.

To stop the spread of herpes, people should not have sex when they have a sore. Condoms may prevent the spread of herpes, if the condom is covering the sore. Condoms for women may work even better because they cover more of the genitals.



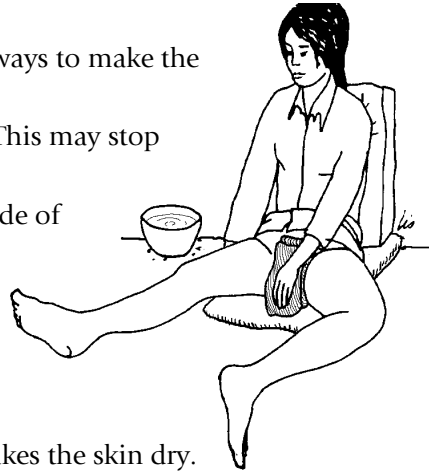


Chapter 18: Sexually transmitted infections

Treatment

There is no cure for herpes but there are some ways to make the sores feel a little better:

- Put ice on the sore as soon as you feel it. This may stop the sore from getting worse.
- Soak a cloth in cooled black tea or tea made of cloves. Hold the wet cloth on the sores.
- Sit in a pan or bath of clean cool water.
- Make a paste by mixing baking soda or cornstarch with water and put it on the sore area.
- Apply witch hazel or a local plant that makes the skin dry.



The pain and sores of a first outbreak can be lessened with medicines.

To lessen pain and sores of a first herpes outbreak

- give 200 mg acyclovirby mouth, 5 times a day for 7 days



To help with pain

- give 500 to 1000 mg paracetamol.....by mouth, every 4 hours

A person with a lot of stress or other health problems is likely to get sores more often. So if possible, people with herpes should get plenty of rest and eat healthy food.

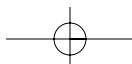


WARNING! Herpes is very dangerous for the eyes and can cause blindness. After touching a herpes sore, always wash your hands with soap and water.



Herpes and pregnancy

If a woman gets herpes for the first time while she is pregnant, the infection may cause birth defects in her child. If she has sores at the time of the birth, she may pass the disease on to her child if his skin contacts the sores as he comes out of the vagina. This is also much more likely if she is having herpes for the first time when she is in labor. If a woman has a herpes sore when labor begins, it is best for her to give birth in a medical center. Doctors may do a cesarean surgery to prevent the baby from contacting the sores, or give medicines to the baby after he is born.

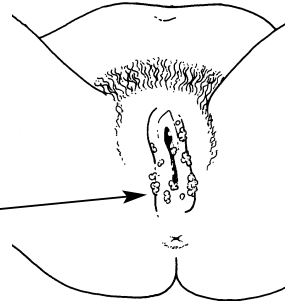


HPV (genital warts)

HPV is a virus that can cause warts to grow on the genitals or anus. It is also possible to have warts and not know it, especially if they are growing inside the vagina. The warts are not dangerous, but they can be uncomfortable.

Signs of HPV

- Itching.
- Small, dry, white or brown bumps on the genitals or anus. The bumps have a rough surface and do not hurt.



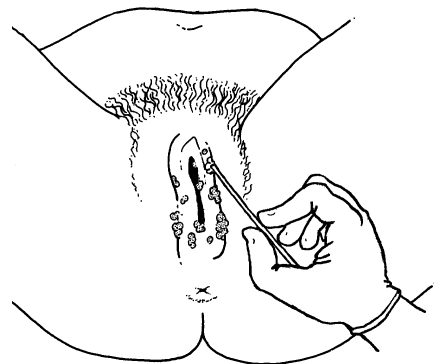
WARNING! Large, flat, wet growths that look like warts are not usually HPV. They may be caused by syphilis. Anyone with these growths should be tested for syphilis. Do not use the following treatment.

Treatment

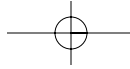
1. To protect the healthy skin, put petroleum gel (*Vaseline*) or another greasy ointment on the skin around each wart.
2. With a small stick, put a little trichloroacetic acid (TCA) 80% to 90% solution or bichloroacetic acid (BCA) on the wart. Leave the acid on until the wart turns white. Be careful not to spill the acid on the healthy skin. Wash the acid off after 2 hours or if the burning feeling is very painful.

The acid should burn the wart off and leave a painful sore where the wart used to be.

Usually, you must repeat the treatment once a week for a few weeks before the wart goes away completely. Keep the sore clean and dry until it heals. The woman should also not have sex until the sore heals.



A few types of HPV, if they are not treated, can cause cancer in a woman's cervix. See page 380 to learn how to test a woman's cervix for HPV.



STIs that affect the whole body

AIDS (acquired immune deficiency syndrome)

AIDS is a deadly disease caused by a virus, a kind of germ, called HIV (human immunodeficiency virus). HIV/AIDS reduces the ability of the body to fight disease. People with HIV/AIDS get sick very easily with diseases such as pneumonia, tuberculosis, cancer, and other infections. HIV/AIDS cannot be cured but it can be treated so the person does not get sick as easily.

HIV is spread when infected blood, semen, breast milk, or wetness from the vagina of someone who has HIV get into the body of another person. It can be spread through:

sex with someone who has HIV/AIDS.



an infected mother to her unborn child.



sharing a needle or syringe with someone who has HIV.



In places where blood is not tested for HIV, people can also get HIV from a blood transfusion. Sometimes mothers with HIV/AIDS also pass HIV to their babies through breast milk (see page 293).

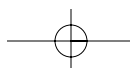
Signs of HIV/AIDS

People who have HIV may not have any signs for a long time — as long as 10 years. And people with HIV who have no signs of AIDS can easily pass the virus to others. A woman can get HIV/AIDS from someone who looks and feels completely healthy. Early signs of AIDS are fever, diarrhea, and skin rashes.

There is no cure for HIV/AIDS yet. But a person who is able to eat well and care for her body, mind, and spirit can live a longer and healthier life. And new medicines can help people live many years after getting HIV.

To prevent the spread of HIV, women should:

- avoid having sex with someone who has HIV.
- use condoms with any new sex partner, a partner who might be having sex with someone else, or a partner who has HIV. He may have HIV/AIDS or another STI without having any signs.
- not use syringes, needles, or other tools that are not sterilized. This includes the tools used for piercings, acupuncture, tattoos, scarring, or circumcision. Skin should be cut or pierced only with tools that have been sterilized (see page 59).



Medicines for HIV/AIDS

There is no cure for HIV/AIDS, but medicines can make people much healthier and help them live much longer. Medicines can also help prevent the spread of HIV from a mother to her baby during labor.



New medicines for HIV/AIDS are being developed all the time, and what are the best medicines or medicine combinations changes regularly. These powerful medicines can have harmful side-effects. It is very important to ask your local health authority what the best medicines and medicine combinations are in your area and for each woman's level of sickness.

To treat a person who is sick with AIDS (who has signs of AIDS and of the diseases people with AIDS get easily), you must give a combination of 3 or 4 different medicines. Sometimes several medicines are combined into one pill. We have recommended 2 possible medicine combinations here. More detailed information on treating HIV/AIDS or preventing the spread of HIV from a mother to her baby with different combinations of medicines starts on page 492 of this book.



To treat a woman who is sick with AIDS

and to prevent the spread of HIV from a mother with AIDS to her baby

- give 150 mg lamivudine (3TC).....by mouth, 2 times a day, every day
- and**
- give 300 mg zidovudine (ZDV).....by mouth, 2 times a day, every day
- and**
- give 1250 mg nelfinavir.....by mouth, 2 times a day, every day
- or if you do not have nelfinavir,**
- give 200 mg nevirapine (NVP) by mouth, once a day for 14 days,
then give it 2 times a day every day

If the woman is not yet very sick with AIDS, you may want to wait to start treatment until after the 3rd month of pregnancy, because these drugs may have harmful effects on the developing baby if they are taken early in pregnancy. But if the woman is very sick with AIDS, she should start the medicines right away.

Where these medicines are still not available or are too expensive it will be very difficult for a woman to get the medicines she needs to stay well. But you may be able to help prevent the spread of HIV/AIDS from a mother to her baby during birth by giving a different combination of medicines or a single medicine during labor. See page 493.

Hepatitis B

A person whose liver is diseased has hepatitis. Hepatitis B is a dangerous infection of the liver caused by a virus. Hepatitis B is spread when the blood or other body fluids from an infected person get into the body of a person who is not infected. Body fluids include spit, wetness from the vagina, and semen. Hepatitis B spreads very easily from one person to another, especially during sex. It can also spread from a pregnant woman to her baby.

Signs of hepatitis (including hepatitis B)

- no appetite
- tired and weak feeling
- yellow eyes and sometimes yellow skin (especially the palms of the hands and soles of the feet)
- pain in the belly or nausea
- brown, cola-colored urine, and stools that look whitish
- or no signs at all

Treatment

There is no medicine that will help. In fact, taking medicine can hurt the liver even more. But most people recover from hepatitis B.

People with hepatitis B may feel better sooner if they rest, eat foods that are easy to digest, and do not drink any alcohol.



Hepatitis B and pregnancy

If a woman has signs of hepatitis B while she is pregnant, seek medical advice. She may be able to get a vaccination that will prevent the baby from getting infected.

Teaching women how to prevent STIs



Women should know that any sex partner may have an STI. A man has a much greater chance of having an STI if he has sex with other partners without using condoms.

Testing is the only sure way to know if a person has an STI. Find out if there is affordable STI testing in your area, and see page 379 to learn about testing women yourself.

The surest way for a woman to avoid getting an STI is for her to avoid having sex with anyone who might be infected. Or she can use condoms (for men or women) when she does have sex. There is a very small chance of getting an STI even when using a condom.

Midwives can help protect women from HIV/AIDS and hepatitis B by sterilizing any syringes or other tools used during birth or invasive procedures. See page 59.

Midwives can teach a woman these ways to protect herself:

- Use a condom every time she has sex.
- Do not have sex with someone who has signs of an STI (although many STIs spread even when the person has no signs).
- Do not douche or use herbs or powders to dry the vagina. When the vagina is dry or irritated by douches, sex can cause tiny cuts in the skin, making the woman more likely to be infected by HIV or other STIs.

If a man will not use a condom, these methods may give a woman a little protection from getting an STI:

- Use a diaphragm.
- Wash the outside of the genitals after sex.
- Urinate right after sex.

A woman and her partner can also have oral sex or other sexual touch instead of intercourse (see page 312).

How to help stop STIs in your community

Here are some ideas to help prevent the spread of STIs in your community:

- Talk to the women you care for about STIs. Some women may feel embarrassed to talk about them, but knowing more may save their lives.
- During prenatal checkups, ask women about unusual discharge or sores on the genitals, or offer to examine them for signs of STIs.
- Organize a group to talk about health topics, including STIs and HIV/AIDS.
- Support education about sex in your local school. Help parents understand that teaching about STIs, including HIV/AIDS, helps young people make safer choices later on when they start having sex.
- Talk to men and help them understand the risks of STIs, including the risks to pregnant women and their babies.
- Find out from your local medical center, hospital, or Ministry of Health what STIs are the most common in your community.
- Find out what medicines to treat STIs work best in your area — and find out what they cost. Learn how to treat STIs, or help women find treatment.
- Start a community pharmacy so that it will be easier for people to get medicines and condoms.

I want my daughters to be safe — but I don't know what to say. My mother never talked to me about this.

I know what you mean. Can we think of ways to explain this to them?

