

A Look at Nursing and Family Planning—(II)

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FOUR methods of contraception require clinical procedures: Intra-Uterine Device (IUD), Sterilization, Diaphragm and Oral Contraceptives. Each of these methods will be presented as we take a look at the clinical nursing aspects of family planning.*

The procedures associated with these four methods require the following nursing responsibilities.

A. PREPARATION OF THE CLINIC

1. Physical environment :

- (a) clean and ventilated room
- (b) hand washing facilities
- (c) suitable electric light or other arrangement if electricity is not available.
- (d) provision for disposal of waste
- (e) provision for patients privacy during interview and procedures.

2. Equipment :

- (a) convenient placement of examination table, footstep, work table and stool
- (b) provide linen for examination table
- (c) provide for sterilization of instruments and supplies.

B. INSTRUMENTS AND SUPPLIES

1. Sterile :

(a) Vaginal Examination.

Required for initiation of oral contraceptives and for IUD and diaphragm procedures.

- (1) speculum, "Sims" and/or bivalve
- (2) retractor
- (3) sponge holding forceps
- (4) long artery forceps
- (5) uterine sound (optional)
- (6) pick-up forceps.

(b) IUD Insertion or Removal

- (1) Allis forceps (standard or special type)
- (2) scissors
- (3) Shirodkar's hook or sponge forceps for removal
- (4) Insertors
- (5) loops

(c) Vasectomy

- (1) sponge forceps
- (2) Moynihans towel clip
- (3) scalpel with small blade
- (4) mosquito forceps, curved and straight
- (5) artery forceps, curved and straight
- (6) dissecting forceps, single tooth
- (7) Allis forceps, fine
- (8) scissors
- (9) needle, straight cutting
- (10) No. 50 and No. 100 cotton thread or No. 2/0 black silk (twisted)
- (11) syringe (10 cc) and needle
- (12) pick-up forceps

(d) Other articles :

- (1) gloves
- (2) cotton balls
- (3) swab sticks
- (4) cotton pads
- (5) bowl
- (6) additional articles for vasectomy
 - (a) gowns
 - (b) perineal sheets or towels
 - (c) bandages
 - (d) local anesthesia

2. Antiseptic solutions and drugs :

- (a) solutions : Savlon, Cetavlon or iodine, dettol, lysol, mercurochrome, gential violet
- (b) drugs : analgesic, sulfa, other (according to physician's order)

3. Sterilization methods* (see table I)

C. DUTIES RELATED TO SPECIFIC PROCEDURES

1. Preparation of Patient :

(a) Interview

- (1) history, records, and consent form (when indicated)
- (2) identification of patients
 - knowledge of the method
 - doubts and fears
 - misconceptions

*Part I Non-Clinical Nursing Aspects appeared in the November 1967 issue of the *Nursing Journal of India*.

(Table I)

STERILIZATION METHODS*

ARTICLE	BOIL	AUTOCLAVE			CHEMICAL		
	<i>Time</i>	<i>Temp.</i>	<i>Time</i>	<i>Pressure</i>	<i>Strength</i>	<i>Time</i>	<i>Remarks</i>
Metal Instruments	20 mins. after boiling point is reached	120—121°C or 250° F	30 mins.	20 lbs.	Iodine, 2% added to H ₂ O until orange colour appears	10 mins.	Does not require water rinse.
Cutting instruments.		120—121°C or 250° F.	30 mins.	20 lbs.	Lysol, pure	1 hour	Rinse with boiled water before use.
Syringes (glass)	10 mins. after boiling point is reached	120—121°C or 250° F	20 mins.	20 lbs.			
Needles	3 mins. after boiling point is reached.	120—121°C or 250° F	20 mins.	20 lbs.			
Gloves	5 mins. after boiling point is reached.	110 °C or 230 °F	15 mins.	15 lbs.	Iodine, 2%, added to water until orange colour appears	10 mins.	
Loops and Insertors					Savlon, full strength Hospital 1 : 50 Commercial 1 : 10	24 hrs.	DO NOT AUTO-CLAVE 1. separate plunger from barrel. 2. completely submerge in solution 3. cover container 4. change solution at these intervals : Savlon once a week. Cetavlon once a week.
					Cetavlon, 1 tsp. to one pint of boiled water.	24 hrs.	
					Iodine, 2% added to water until orange colour appears	10 mins.	Iodine, 2% every 2 hrs. or add more iodine to get orange colour.
Linon in (drums)		120-121 °C or 250 °F	40 mins.	20 lbs.			
Suture material	30 mins. after boiling point is reached	120-121 °C or 250 °F.	30 mins.	20 lbs.			
Cotton, Bandages and Gauze Squares (in drums)		120-121 °C or 250 °F	40 mins.	20 lbs.			

* Procedures may vary in individual institutions.

(3) teaching associated with specific method

- what it is
- how it prevents pregnancy
- advantages and disadvantages

(4) referral to physician for additional information when indicated

(b) Physical

- (1) have patient empty bladder
- (2) position patient on examination table
- (3) maintain comfort and privacy

2. Assistance to the physician :

Given as required to assure safe techniques during the specific procedures.

3. Post Procedures :

(a) patient instructions

(1) IUD

- medications according to clinic policy
- show patient how to examine herself weekly in a squatting position, so that she can learn how to check for presence of the threads
- advise her to return to clinic if the loop is expelled
- explain that the method may cause pain, cramping or vaginal discharge for the first few days, and that increased menses or spotting may occur for the first few months
- explain that sexual intercourse can be resumed following insertion
- inform her that she can continue with regular work
- explain follow up, both routine and that associated with side effects requiring medical care.

(2) DIAPHRAGM

- emphasize the importance of regular use and emphasize the importance of adequate jelly or cream properly applied
- explain the need to report to physician if discomfort, irritating or burning sensation occurs from use of the device.
- emphasize the importance of not removing the device for at least 8 hours following intercourse
- a visit to the physician is necessary if she is not confident in the insertion technique
- explain the importance of feeling the cervix to insure that the device is in the proper position
- reinforce the importance of examining the device for defects
- explain the importance of re-fitting the device following child-birth

(3) VASECTOMY

- advise rest and medication to be taken
- stress importance of avoiding excessive exertion or heavy work for 3 days
- advise need to keep bandage firm and dry until removal of stitches
- advise date, time and place for removal of stitches
- avoid bicycling for 15 days
- advise use of a langotta for one month
- advise abstinence or give instruction in the use of a contraceptive for at least 2 months
- explain the importance of undergoing a semen test and provide instructions for securing the test according to clinic policy
- advise immediate return to the clinic if complications, such as, hematoma or sepsis occur.

(4) ORAL CONTRACEPTIVE

- explain that nausea, dizziness, vomiting or headache may occur during the first few months and give assurance that these discomforts will disappear ; advise uninterrupted use of the pills during this time
- explain the possible occurrence of menstrual changes such as : reduction or increase of flow, amenorrhea or breakthrough bleeding
- advise that breast tenderness or weight gain may be evident but that this will disappear
- explain that lactation may be effected by reduction of milk but return to normal can be expected
- explain the importance of taking a pill each day at a scheduled time
- if a pill is missed one day it should be taken the following morning and the second one should be taken according to schedule
- explain follow up regime for securing advice, services and a supply of pills.

(b) provide medications and drugs :

- according to physician's orders
- according to standing orders

(c) record keeping :

- individual
- clinic
- special

(d) care of equipment and supplies :

(1) metal instruments :

- (a) rinse in cold water and remove stains
- (b) scrub with brush in hot soapy water
- (c) rinse with water, dry, oil and store

(2) **cutting instruments :**

- (a) rinse in cold water and remove stains
- (b) scrub with brush in hot soapy water
- (c) rinse with water, dry, oil and store

(3) **gloves :**

- (a) rinse in cold water and remove stains
- (b) dry, powder and check for defects
- (c) fold and store

D. QUESTIONS ASKED BY PATIENTS

Misconceptions, fears and doubts can frequently be dealt with if an opportunity is given to patients to ask questions at the time of interview, teaching or instruction. The following list has been prepared to assist you in answering some of the questions most commonly asked by patients.

Intra-Uterine Device

- Q. How effective is the Loop ?
A. Out of a hundred women who wear the loop, chances are that two may become pregnant.
- Q. If a pregnancy occurs while the loop is in the uterus, will the pregnancy be effected or the foetus harmed ?
A. No—the pregnancy will go to full term and the foetus will not be harmed. The loop will be passed with the placenta.
- Q. Does the loop cause abortion ?
A. The loop does not dislodge embryos which have already been implanted.
- Q. Does the loop cause cancer ?
A. No.
- Q. Could the thread hurt the husband ?
A. No.
- Q. Does the loop cause other diseases ?
A. No.
- Q. What is the best time to insert the loop ?
A. The easiest and safest time for insertion is during the menstrual period and for five days following the period. During these 10 days, insertion is easier and there is little possibility of pregnancy.
- Q. What effect does the loop have on the normal menstrual cycle ?
A. Many women will have heavier and longer period for the first two or three months after insertion.
- Q. How long can the loop be left in the uterus ?
A. It can be left in indefinitely *if* the woman has no side effects requiring attention. For those who have side effects it is advisable to remove and re-insert it.
- Q. Does the loop effect the milk supply of lactating mothers ?

A. Generally no—although some doctors say it actually can increase the flow of milk.

Q. Does a loop effect a woman's chance of becoming pregnant after the loop is removed ?

A. No—the ability to become pregnant will remain the same as before the loop was inserted.

Q. Does the loop interfere with sexual pleasure ?

A. No—the loop does not interfere with sexual pleasure for either husband or the wife.

Diaphragm

Q. Is the rubber harmful to the organs ?

A. No.

Q. Will it interfere with sexual pleasure ?

A. No.

Q. Does the cream or jelly cause irritation or soreness ?

A. No.

Q. Can use of the diaphragm cause cancer ?

A. No.

Vasectomy

Q. Will the operation effect potency and sexual desire ?

A. No—surgery only involves the vas-deferens and the testicles will not be effected and will continue to produce sex hormones which will go directly into the blood so that sexual desire and ability to have intercourse will remain unchanged.

Q. Will the operation effect the discharge of spermatic fluid ?

A. No—the seminal vesicles and other glands are not effected.

Q. What happens to the sperms ?

A. Sperms are destroyed and absorbed into the blood.

Q. Is the operation the same as castration ?

A. No—the testicles remain intact.

Q. Is the operation always successful ?

A. Yes—if it is properly performed.

Oral Contraceptives

Q. Is it possible to become pregnant after pills have been taken ?

A. Yes—the pill prevents pregnancy only for a few days after it is discontinued. Many women have become pregnant soon after discontinuing the pill.

Q. Is a woman more likely to have twins or triplets after taking the pill ?

A. No—the pill does not effect future pregnancies.

Q. Should another method of contraception be used while taking the pill ?

A. No—if the pill is being taken regularly, how-

(Contd. on next page)

IN-SERVICE EDUCATION

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THE growing need today for skilled and competent nurses in the care of the patients requires that all categories of nursing personnel, at every stage and phase, should keep up to date with all the latest trends and modern methods, skills and technologies. The establishment of In-service Education Programme for trained nursing personnel and other employees in all the health institutions is, therefore, very important.

Purpose of In-service Education

1. To continue education for nurses, and to improve quality of services rendered to the patient.

2. To orient all employees with full explanations of institutional and personnel policies.

3. To keep up to date all nursing personnel and other employees with the latest trends, modern methods, skills, and technologies so that there may not be any breakdown of services rendered to the patient.

4. To encourage advanced education for all employees, and to emphasize importance of education for research in the scientific fields of medical and nursing professions.

Policies of In-service Education

As In-service Education simply means continuation of education while the employee is in service—in the present case the employee is a trained nurse—the policy is to educate her while she is in service.

Importance of In-service Education

In the modern world training and methods of education soon

become obsolete. To improve them, to modify them and/or even to alter them, a new method needs establishment, which may not only be effective, but necessarily will not send an already trained nurse to the training school or college for re-education or re-training. If it were so, it will be an utter waste of time and energy and will bring a great loss to our national economy. Therefore, a system for the education of the employees, which will not take them away from the field of their services is very important and needs a great deal of consideration. Education is a continuous process and it has no limits.

Advanced degree courses certainly qualify personnel for better positions; but one needs practice, which schools and colleges cannot provide. Most of the practical work is performed at the bed-side of the patient or in a health institution. New devices and equipments can be better demonstrated at the bed-side of the patient. The Trained nurse has her theoretical training in a training school or college, but the continuance of her practical education goes on throughout her career. Therefore, In-service Education is of great value.

It has already been indicated that the nurses of today cannot afford to lag behind. They must keep pace with the advancing and changing world, which has many frontiers and challenges. Human brain is incapable of producing a disposable or mechanized nurse; and as such, she cannot be replaced by any devices. Nurse trained a few years ago cannot function with

excellence in this electronic age. Therefore with shortage of skilled personnel all over the world, it seems sensible enough to broaden their skills and knowledge by continuous In-service Educational Programmes, which will enable them to serve their patients with better skills and understanding. While the Colleges and Universities continue degree courses, the Institutional In-service Educational Programmes enable the graduate of yesterday to pick up where she had left; thus widening the horizon of her understanding the needs of her patients. A graduate nurse needs to mould her career successfully, so with continuous education in her service, she can be fully supported to carry more complex responsibilities, than did the nurse of yesterday.

Nursing of today calls for the best in the nurse. She has a glorious career that emphasizes her skills and knowledge, her abilities and personality. One reward she deserves is full recognition of her personal worth, which underlines her proper working conditions, proper legal protection, proper pay and proper education, which can be easily supported by her community, by her State and her government at national and international levels. If better standard of nursing skills and techniques is expected, In-service Education is a primary factor and a most important step in reaching the aimed goal. In-service Education will lead the nurse to the very pedestal of her professional role that awaits her—a role of dedicated service to her people and the nation.

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- ever, during the first week after the pill is started another method should be used.
- Q. How will other medicines effect the pill?
 - A. There will be no effect.
 - Q. If pregnancy occurs will there be harmful results from the pill?
 - A. No—neither to the woman nor to the baby.
 - Q. Will the pill cause cancer?

- A. No—according to the findings of present studies.

- Q. Can the pill be harmful to children?

- A. No—however, like all medications, they should be kept out of the reach of children.

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