REVIEW ARTICLE OPEN ACCESS

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Primary Healthcare and Contraception in Females

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Contraception in females is a fairly common encountered issue in the primary care. It is important for practicing primary care physicians to become familiar with the unique healthcare needs for their patients. In this review article we aimed at discussing female contraception at the level of Primary Health Care. The medical databases including Embase, Pubmed, index medicus and index copernicus were searched to find appropriate articles published on the relevant subject considering female contraception in Primary Health Care. Primary Care Physicians are often best placed to offer good contraceptive advice because they already know the patient's health her situation at home and the circumstances that she is best placed in to decide about her contraceptive choice.

Keywords: General Practice; Contraception; Emergency Contraception; Primary Care

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INTRODUCTION

Contraception in females is a fairly common encountered issue in the primary care. It is important for practicing primary care physicians to become familiar with the unique healthcare needs for their patients. Birth control methods are required to meet the needs of patient's contraception. It is crucial in providing patient centered contraceptive care. [1] The best method of contraception is the one she is most comfortable with and the one with the least side effects. Primary care physicians must be

equipped enough to counsel each patient about her contraceptive options. Contraceptive counseling and the shared decision-making model allows the patient and physician to work in a manner to meet the patient's needs while keeping them safe. In this review article we aimed at discussing female contraception at the level of Primary Health Care.

METHODOLOGY

The medical databases including Embase, Pubmed, index medicus and index copernicus were searched to find appropriate articles published on the relevant subject considering female contraception in Primary Health Care. Different articles were found and each had its scientific evidence and background.

REVIEW

1. Personalized Counseling with Share Decision Making

Counseling has evolved dramatically over the last few decades. It has shifted from primary care physician level counseling to personalized counseling (a unique patient centered shared decision approach). This approach revolves around assisting patients in making the best decisions for themselves. [2, 3, 4] The method ensures patient autonomy and allows for diversity of patient preference with regards to contraceptive choice. Research has shown that women are more satisfied when they experience personalized counseling with share decision making. [5]

2. Intrauterine contraceptive devices (IUCD)

This is a safe and financially savvy preventative strategy. However, the usage rate for IUCDs is generally low even in some top income nations. In spite of the drawn-out cost-adequacy of IUCDs, their upfront or forthright expense can likewise be a constraint for some ladies. [6] Primary care doctors have a significant part in ladies' decision making ability while choosing this method of contraception.

3. Emergency Contraception

It is imperative to talk about the effect of making emergency contraception accessible to ladies before they really need it. A study found that the individuals who were given

preventative training and one routine of emergency contraception ahead of time were multiple times as prone to utilize it during one year of follow-up as were ladies who were given just education (17% versus 4%). [8] While the instructive necessities of primary care providers concerning emergency contraception ought to be met, there is a requirement for new intercessions to improve the perspectives toward and activities of essential medical care suppliers with respect to crisis contraception. It has a significant job in forestalling undesirable pregnancy and consequently maternal mortality.

4. General practitioners (GPs) and Practice Nurses

They are frequently best positioned to offer great preventative guidance since they definitely know the patient's wellbeing and family conditions. A few practices are superb; others give little past oral contraception and commit inadequate time and ability to guiding. The 2002 Sexual Health Strategy set up that essential consideration ought to consistently supply at any rate Level 1 fundamental prophylactic administrations, and ought to consider additionally providing administrations at Level 2.

5. Special Considerations

How could a primary physician be certain that a lady isn't pregnant, or going to be pregnant? WHOSPR exhorts that the physician can be sensibly sure that the lady isn't pregnant in the event that she has no manifestations or indications of pregnancy and at least one of the accompanying situations apply:

1. No sex since the last period

2. The lady has effectively used and has been correctly using the contraception method.

3. The patient is within the 1st 7 days of her end of periods.

4. She is within about a month post pregnancy for non-lactating ladies.

5. She is within the initial 7 days post early termination or unsuccessful labor

6. She is completely or almost completely breastfeeding,

amenorrhoeic and under a half year post pregnancy.

CONCLUSION

Contraception in females is a fairly common encountered issue in the primary care. Birth control methods are used to meet a patient's contraception needs and is crucial in providing patient centered care. Primary Care Physicians are often best placed to offer good contraceptive advice because they already know the patient's health her situation at home and the circumstances that she is best placed in to decide about her contraceptive choice.

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