

Promoting the health of women with a migrant background



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Training document

Family planning and contraception

Prepared and implemented in the context of **femmesTische** – female migrants in Styria talk about health, daily life and family – a **network project** by the women's and girls' advice centres **innova**, **Novum** and **Frauenservice Graz**.

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Family planning and contraception

The term 'family planning' encompasses all the measures a couple can take to influence and determine when they have a child, and the number of children they have. Family planning is individual to every couple, and depends on various social, economic and medical factors. Birth control is a particularly important aspect of family planning which can be used to prevent an unwanted pregnancy.

Which contraception is right for me?

Safe contraception ensures that a pregnancy is a conscious decision, and not an 'accident'. There is a wide choice of contraception available these days to prevent an unwanted pregnancy. Contraception is no longer just the woman's responsibility. More and more men want to share the responsibility with their partner. After all, contraception affects women and men equally.

The pill and the condom are the most common forms of contraceptives. Although many new contraceptives have become available in recent years, such as hormone implants, contraceptive patches, vaginal rings and IUDs. The most important requirements for choosing the right contraceptive from the wide choice available are **detailed information and advice from your gynaecologist**. You should first get your own idea of the different forms of contraception available so that you can discuss them with a gynaecologist you trust. Changes in your life situation can also mean you need to change your form of contraceptive. Here too, your gynaecologist can help you to find the right contraceptive for your current circumstances and needs.

What criteria should be considered when choosing a contraceptive?

The main thing to consider when choosing a contraceptive is reliability. It should also be easy to use and have few side effects. When choosing appropriate contraception, other factors are important alongside the age of the woman and personal preferences. These include medical considerations regarding tolerability and possible side effects. Your gynaecologist will review any risk factors with you that may rule out the use of certain contraceptives.

Last but not least, individual sexual behaviour is a deciding factor. If you have regular sexual intercourse within a committed relationship, you should place particular emphasis on a high level of contraceptive reliability. If you often have different sexual partners or irregular sexual contact, a contraceptive that protects against unwanted pregnancy and sexually transmitted diseases is preferable. In this case, the use of condoms (or Femidom) is recommended, particularly because of the risk of sexually transmitted diseases (for example gonorrhoea or syphilis, HIV, chlamydia, HPV).

What forms of contraception are available?

There are a number of well-known and less well-known contraceptives that protect against unwanted pregnancy. It is important to choose one that suits your own circumstances. There are a number of contraceptive options that in part work according to very different principles:

- ✦ Chemical contraceptives
- ✦ IUDs
- ✦ Hormonal contraception
- ✦ Mechanical barrier contraception
- ✦ Natural contraceptive methods
- ✦ Emergency contraception
- ✦ Surgical contraceptive methods

What are chemical contraceptives?

Chemical contraceptives contain substances that kill off sperm. They consist of a waxy or gel-like substance that dissolves in the vagina when exposed to body heat. There are creams, gels, vaginal suppositories, vaginal film and foam. They are not very reliable, and should be used only in combination with mechanical barrier contraceptives.

Chemical contraceptives must be inserted into the vagina at least ten minutes ahead of intercourse (read the pack insert). The effect is enough for only one ejaculation. Chemical contraceptives are available prescription-free from your pharmacy or online. They are easy to use and do not disturb the hormone balance. They can also be used while breastfeeding.

What types of IUD are there?

Basically, a distinction can be made between:

Hormone-free IUDs:

These include copper IUDs, gold IUDs, copper chain and copper ball. These all contain a copper wire. The copper ions released thicken the cervical mucus and thus prevent the sperm from rising. Copper IUDs increase menstrual bleeding in most women, and can make menstruation pains more severe. For women who already experience heavy bleeding, a copper IUD is therefore unsuitable.

IUDs containing hormones:

Hormonal IUDs are fitted with a small hormone cylinder that constantly releases a small amount of progestin (sex hormone) directly into the uterus – which only enters the bloodstream in very small amounts, as is the case with the pill, for example. Therefore, the hormone release from an IUD is also much lower than with all other hormonal contraceptives. The hormonal IUD works by thickening the mucus in the cervical canal. This prevents sperm from entering the uterus and suppresses the growth of the lining of the uterus. The hormonal IUD offers reliable and effective contraception for three to five years (depending on the product).

What forms of hormonal contraception are there?

Hormonal contraceptives contain artificially produced hormones that are virtually identical in their effect with the body's own hormones oestrogen and progestin. These hormones are responsible for controlling the monthly cycle. The best known and most commonly used hormonal contraception is the pill. Further

hormonal contraception options include the vaginal ring, contraceptive patches and sticks, the hormonal IUD and depot preparations such as the three-month injection.

The **pill** (birth control pill) is still one of the most reliable methods of contraception. There are different types of pill – from different manufacturers and in varying doses. Girls and young women often prefer the pill. To provide effective protection, the pill must be taken every day at the same time of day, apart from during the break specified.

The **three-monthly injection** is a hormonal contraceptive, and must be administered again every three months. The three-monthly injection contains a high dose of long-lasting progestin (sex hormone). On the one hand, the three-month injection prevents ovulation. On the other hand, the progestin causes a change in the lining of the uterus. This prevents sperm from penetrating the uterus.

The **hormone implant** is a soft plastic rod. It is approximately 4 cm long and 2 mm thin. The rod itself is made from a plastic that does not dissolve in the body, and that contains no silicone. It provides protection against unwanted pregnancy for a period of three years. Hormone implants are one of the most modern forms of contraceptive. It offers easily tolerated long-term protection, and can be reversed at any time.

The **vaginal ring** is a flexible plastic ring that releases the female sex hormones oestrogen and progestin evenly into the blood. It works like the combination pill: The hormones are absorbed through the vagina, and prevent monthly ovulation. The hormones change the monthly liquifaction of the mucus in the cervical canal. This prevents the sperms from penetrating the uterus. The soft ring is squeezed and inserted into the vagina similar to a tampon, and pushed up as far as possible. In terms of effectiveness, it is not important where exactly the ring sits in the vagina. The only important thing is that it is not uncomfortable. The ring then remains in the vagina for three weeks.

If you do not plan to have any more children, long-term contraception is recommended, for example an IUD, hormone implant, three-monthly injection, sterilisation/vasectomy.

What forms of mechanical barrier contraception are there?

The **condom** – along with the female condom (Femidom) – continues to be the only form of contraception that simultaneously protects against infection from sexually transmitted diseases and protects against unwanted pregnancy. A condom is made from latex rubber and is rolled onto the erect penis prior to intercourse. It collects the semen which is then unable to reach the vagina.

The **diaphragm** is an elastic cap made from latex or silicone. The diaphragm comes in a single size. The diaphragm blocks access to the uterus, and thus stops eggs cells and sperm from meeting. The diaphragm must also be inserted into the vagina prior to intercourse. The diaphragm must always be

used in conjunction with a cream that kills sperm. the diaphragm lasts for around two years. However, as soon as it becomes brittle and fragile, it must be replaced with a new one.

What natural methods of family planning are there?

Many women find hormonal interference with their body unpleasant, and prefer alternative contraceptive methods. With the so-called natural methods of family planning, the fertile and infertile days in a woman's cycle are identified on the basis of certain physical signs. On the definitely infertile days, no further contraception is needed. You need to be prepared to look out for certain physical signs every day:

- ✦ Measurement of waking temperature
- ✦ Monitoring of mucus
- ✦ Monitoring of the cervix

How is the temperature method used?

Body temperature must be measured at the same time every day before getting up. The waking temperature indicates when ovulation is over. It is slightly lower in the first half of the cycle – before menstruation starts through to ovulation – than in the second half of the cycle. Following ovulation, the body temperature increases a little, and remains elevated until the next menstrual period. If the temperature has increased and remains at this higher level, ovulation has occurred.

The temperature is written down every day or entered in a temperature curve sheet. A woman can see her ovulation from the shape of the curve.

The easiest way to assess the temperature curve is according to the so-called "**3-over-6 rule**". As soon as the temperature is higher on three consecutive days than in the six previous days, it can be assumed that ovulation has taken place. From the third day following ovulation, it is assumed that the egg can no longer be fertilised. Body temperature can be taken in the mouth, in the vagina, or in the anus.

How can mucus be monitored?

When monitoring mucus, the woman monitors the mucus that forms in the uterus and that can be felt at the entrance to the vagina. This cervical mucus changes during the course of the cycle. At the beginning of the cycle, the entrance to the vagina generally feels dry, and there is virtually no mucus present. a few days prior to ovulation, a thin and transparent mucus is apparent – the entrance to the vagina feels moist. Through daily monitoring of the cervical mucus, a woman is able to determine her fertile days. The result of daily mucus monitoring is entered in a curve sheet, like the body temperature.

How can a woman monitor her cervix?

The cervix is the gatekeeper to the uterus, so to speak. By opening or contracting, it determines when sperm may and may not travel on to the uterus and egg through the cervix. Since the permeability changes during the cycle, monitoring the cervix provides relevant information on the fertility status. The woman examines her cervix, which changes over the course of the cycle and opens up at the time of

ovulation. The clear ovulation sperm is then easily visible. If this method is used strictly, unprotected intercourse can take place only on 'safe' days from ovulation to the next monthly period. Only then is this method reliable. Palpation of the cervix is an alternative to monitoring mucus. Most women examine their cervix if they have difficulties monitoring their cervical mucus. Instead, they can examine the cervix and make a note of its firmness, opening and position.

What does 'coitus interruptus' or 'interrupted sexual intercourse' mean?

'Withdrawal' or 'being careful' is a traditional contraceptive practice. The man withdraws his penis from the vagina before ejaculating, i.e. immediately before reaching orgasm and climaxes outside the vagina. This method does not offer sufficient reliability because many men do not actually manage to withdraw in time. Furthermore, semen may escape prior to orgasm. Even ejaculating close to the vaginal entrance can result in unwanted pregnancy.

Can breastfeeding replace contraception?

Breastfeeding releases the hormone Prolactin that is responsible for milk production and for milk flow. In many instances, the increased prolactin level prevents the onset of ovulation and of the menstrual cycle – but there is no guarantee of this. This means that if a woman is breastfeeding fully, it may prevent ovulation, but not necessarily. Breastfeeding is therefore no substitute for contraception!

Not all contraceptives are suitable for the period following birth. Particularly when breastfeeding, it is important to select a contraceptive that is neither harmful to the child nor influences milk quality or production. Ask your gynaecologist to advise you on the advantages and disadvantages of the individual methods.

What is emergency contraception?

The 'morning after pill' is a form of emergency contraception. Taking the 'emergency pill' following unprotected intercourse, for example if a contraceptive method fails such as a condom tearing, can prevent a possible unwanted pregnancy. The earlier you take the 'morning after pill' following unprotected intercourse, the better the chance of being able to defer ovulation. The 'morning after pill' is available prescription free in all Austrian pharmacies. There is no age limit for taking it, and it can be purchased by both women and men. This means that even youngsters can buy it. The costs of the 'morning after pill' are payable by the individual concerned.

What forms of surgical contraception are there?

In addition to temporary methods of contraception - such as the pill, IUDs and condoms - there are also surgical methods that permanently prevent pregnancy. This involves an operation to induce permanent infertility. This procedure can be carried out on both women and men. Sexual life is not restricted by sterilisation. Neither hormone production nor sexual desire are affected.

Female sterilisation:

According to the Austrian Penal Code (Section 90(2)) the statutory **minimum age** for sterilisation here in Austria is **25**. This means that in principle any woman can have her fallopian tubes cut after the age of 25 to prevent pregnancy without having to cite any health reasons. This is subject to **written consent**. The consent of other people (e.g. of a partner) is not required.

The costs for the surgical cutting of the fallopian tubes (ligation) are only covered by the social insurance institutions if it is medically necessary. If it is merely your personal preferred method of contraception, you must pay the costs of approximately 1,400 to 2,000 euro (guideline) yourself.

A lot of consideration should be given to sterilisation and the woman should be clear she does not want more children because successful surgical repair of the fallopian tubes, and pregnancy, cannot be guaranteed.

Male sterilisation:

Generally speaking, male sterilisation (vasectomy) is subject to the same criteria and the same legal situation as for women: appropriate age, no more children wanted, already had children, etc. In principle, any man over the age of 25 can undergo a vasectomy. During a vasectomy, the sperm ducts are cut and the man becomes permanently infertile. Microsurgical reversal is in principle possible. However, there is no one hundred percent guarantee that fertility will be restored, as this depends on various factors (time interval between the vasectomy, quality of the severed sperm ducts, etc.).

Fertility disorders - involuntary childlessness

Fertility disorders are referred to in medicine as 'infertility' where a couple has been having regular unprotected sexual intercourse for a few years without producing any offspring. Not being able to have a child when you want one is generally very stressful for those concerned: For many people, having (more) children is a natural part of their life plan. If they are unable to have children, many couples seek medical help at some point. Depending on the possible causes of the infertility disorder, various treatments may be considered.

What are the causes?

The reasons for involuntary childlessness may sit with the man, with the woman, and/or with both. It therefore makes sense for both partners to be involved in finding the answers. In addition, sticking together can make you stronger as a couple. Lifestyle factors and environmental conditions can also have a harmful impact on fertility. For example, the misuse of alcohol, nicotine or drugs, being over or underweight. The role of the mind should also not be underestimated.

In women, for example, the possible physical causes include:

- ✦ hormonal disorders
- ✦ damage to the fallopian tubes or ovaries
- ✦ Fibroids or Endometriosis

Physical causes in men may include:

- ✦ hormonal disorders
- ✦ impaired sperm quality (for example, too few, insufficiently mobile or malformed sperm cells)
- ✦ blocked sperm ducts preventing sperm from escaping during ejaculation
- ✦ erectile dysfunction

There are various options to address the desire to have children. The decision in favour of a particular method depends primarily on what problem is diagnosed in the woman or the man. For example, hormone preparations may be used if the woman's cycle is disturbed. An operation may help if fibroids are found. Depending on the cause of the fertility disorder, hormonal or surgical treatments may also be a possibility for men.

Where can I get help?

- ✦ University Hospital Graz (LKH-Univ. Klinikum Graz) [Kinderwunschzentrum Graz](#)

Unplanned pregnancy

An unplanned pregnancy is for many women a shock initially. The feelings that arise can fluctuate wildly - from joy at the prospect of the child to the decision not to go ahead with the pregnancy. The thoughts associated with this can be confusing and unsettling, and you may want to have a lot of information and support.

It is generally a relief to talk about such conflicting thoughts – there are various advice centres that can help and provide information to women making this important and very personal decision. The important thing is to feel that good and neutral support is available when making this decision, and not to feel pressured or persuaded to make a certain decision.

What is an anonymous birth?

If a woman decides to bring a child into the world but not keep it, she has the option to give birth **anonymously** in hospital. An anonymous birth gives the woman the opportunity to be cared for by professional doctors, midwives and nurses without disclosing her personal details. Women can access this care both before and after the birth as part of anonymous prenatal and postnatal care. This offer is primarily aimed at mothers who find themselves in an emergency situation, and for whom an anonymous birth is the last resort. The aim is to promote the mother's health and wellbeing as far as possible. The idea is also to prevent women from having to give birth completely alone and with no medical care. Virtually all hospitals in every Austrian federal state now offer anonymous births.

What is a baby hatch?

Women who cannot or do not wish to give birth anonymously can still ensure their baby survives. Many Austrian hospitals have a **baby hatch or baby nest**. This is a facility in an easily accessible part of the hospital. When the hatch is opened, there is a warm cot inside. Women can place their child anonymously in this cot, close the hatch, and simply walk away. Once the baby hatch is closed, it cannot be opened again. If they wish, they can leave a letter or a note with the baby. The baby hatch is heated and equipped with an alarm sensor so that the baby can receive immediate medical care. With some baby hatches, there is also the possibility to take a footprint or hand print of the baby as a memento. Like giving birth anonymously, placing a child in a baby hatch is not punishable. Mothers have no criminal consequences to fear.

In both instances, the child will subsequently become the responsibility of the child and youth welfare agency, and then placed with adoptive parents.

How does giving up a child for adoption work?

Generally speaking, giving birth anonymously is the same as giving up a child for adoption. After delivery, the new-born child is transferred to the care of the competent youth welfare agency. The youth welfare agency then takes care of placing the child with a foster family. The mother has a certain amount of time (varies between the federal states) to change her mind and take the child herself. Once this period has passed, and if the mother has not claimed her child, the child is given up for adoption.

Where can I get help?

[Anonymous birth and baby hatch - LKH-Univ. Klinikum Graz \(uniklinikumgraz.at\)](https://www.uniklinikumgraz.at)

University Hospital Graz (LKH Universitätsklinikum Graz)

Auenbruggerplatz 1

8036 Graz

The baby hatch at the University Hospital Graz (LKH-Univ. Klinikum Graz) is the only one in Styria. However, if a woman is unable to come to Graz, she can always hand her new-born child over anonymously to a doctor, nurse or midwife in any other hospital in Styria without having to identify herself anywhere. Midwives are available in those Styrian regional hospitals that have an obstetric ward.

Counselling options

The Caritas contact point offers counselling options on behalf of the province of Styria for women who wish to give birth anonymously.

Anonymous birth – baby hatch contact point:

Telephone: [+43 316 8015405](tel:+433168015405) or [+43 800 838383](tel:+43800838383)

kontaktstelle@caritas-steiermark.at

The province of Styria also provides a [list of different counselling centres](#).

Termination of pregnancy

A pregnancy is not always a happy event. For various reasons, women may not be in a position to have a child, and face the decision of whether to carry the pregnancy to term or have an abortion. A woman can legally terminate an unwanted pregnancy within the first three months.

There are three different ways of terminating a pregnancy:

- ✦ surgical abortion by means of suction,
- ✦ abortion by taking medication
- ✦ surgical abortion by means of curettage (uterine abrasion).

No method is suitable for all women, or generally better. As part of detailed counselling, information will be provided about all the methods, and the respective advantages and disadvantages explained. This is the only way a woman can reach her own decision.

How are terminations legally regulated?

Terminations in Austria have been legally regulated since 1975 with the so-called time limit solution (*Fristenlösung*). Since then, a pregnancy can be legally terminated within the first three months of a pregnancy. This is defined as the period up to the end of the 12th week of pregnancy.

A pregnancy may be terminated only by doctors, and a counselling consultation must take place beforehand. However, the woman is not obliged to give her personal reasons for wanting a termination. In certain circumstances, termination is also possible after the first three months.

In Austria, the costs of a termination are not generally covered by social security, and must therefore be paid privately. The costs of this procedure are covered by social security only if there are medical reasons that make termination a necessity.

Where can I get help?

For information, or to have a termination performed, you can contact the following:

- ✦ private GP,
- ✦ private GP for gynaecology and obstetrics,
- ✦ pregnancy termination outpatient clinics,
- ✦ gynaecology departments of hospitals.

You can find a list of facilities that perform terminations on the [homepage of the Austrian Society for Family Planning](#).

Before a woman decides to have a termination, advice is available from the following institutions:

- ✦ [Familienberatungsstellen in der Steiermark](#)
- ✦ [Frauengesundheitszentrum Graz](#)

Sources

<https://www.gesundheit.gv.at/leben/sexualitaet/verhuetung.html>

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[Der Vaginalring - familienplanung.de](#)

[Coitus interruptus: Wie sicher ist er? - mylife.de](#)

[Fruchtbarkeitsstörungen | Gesundheitsinformation.de](#)

[Muttermund ertasten: ist er geöffnet? | cyclotest](#)

<https://www.gesundheit.gv.at/leben/eltern/kinderwunsch/unerfuellter-kinderwunsch.html>

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<https://www.gesundheit.gv.at/leben/eltern/schwangerschaft/info/schwangerschaftsabbruch.html>

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