

Contraceptive practice in women with a mental handicap

University of Birmingham - Learning disability and contraceptive decision

Step 1: Establish and maintain rapport Ask open-ended questions Demonstrate expertise, trustworthiness, accessibility Ensure privacy and confidentiality	Explain how personal information will be used Encourage patient to ask questions Demonstrate empathy, listen, observe, withhold judgment
Step 2: Obtain clinical and social information Medical history Menstruation Pregnancy, breastfeeding, recent intercourse Chronic disease (e.g., hypertension), drug allergies Risk factors for thromboembolic disease	Future pregnancy intention Contraceptive experiences and preferences Sexual health Sexual practices, current and recent partners, condom use Previous sexually transmitted infections
Step 3: Work interactively: select most effective medically appropriate method Offer all methods that can be used safely Include long-acting methods for adherence Use a shared approach: discuss most effective methods first Discuss correct and consistent use, consider patient's reported ability to adhere	Identify barriers to success: social, behavioral, mental health, substance abuse, and partner-related factors; these may guide decisions Discuss adverse effects Recommend dual method use (hormonal and barrier method) Discuss any noncontraceptive benefits (e.g., treating abnormal uterine bleeding)
Step 4: Physical assessment, when warranted Blood pressure before initiating combined hormonal contraceptives Pregnancy testing if needed; history is usually satisfactory Weight measurement for monitoring changes	To avoid causing logistical, emotional, or financial barriers, omit pelvic examination (unless inserting an intrauterine device), cervical cytology, breast examination, and metabolic studies
Step 5: Provide method, instructions, and follow-up plan; confirm understanding Begin method at time of visit ("quick start") if reasonably certain patient is not pregnant; bridge until long-acting method can be safely established, if necessary Prescribe one full year supply	Make condoms easily available Strategies for anticipated struggles (e.g., phone alarms for adherence) Individualize follow-up plan, considering needs and risk of discontinuation

Description: -

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A prospective study found that women who used Depo-Provera gained an average of 11.

Issues of sexuality in Down syndrome

The Mental Capacity Act established the framework under which this question is addressed. I think it allows the proper amount of weight when compared to the overall impact of having as many children as one wishes with no hope of ever being competent to raise them.

Sterilization of Women and Girls with Disabilities

The implementation considerations are separate from the clinical recommendations, are informational, and are not part of the formal action by the Administrator under Section 2713. Reproductive Issues In general, adults with Down syndrome under-use the health care system. In such cases, either it is ok for them to procreate as they are right now, or it is never ok for them to procreate.

Woman with mental age of a child needs contraceptive device in legal abortion row

Birth control would help in controlling pregnancies and allowing both parents to have time for work. Changes in weight, total fat, percent body fat, and central-to-peripheral fat ratio associated with injectable and oral contraceptive use.

Birth Control, Argumentative Essay Sample

Not enough research is done to understand and recognise the. In the late 20th century, the societies had lost morals and people engaged in sex anyhow leading to unplanned pregnancies and abortions that put the lives of the women at risk. Studies of marriage in the mentally disabled population by Edgerton 1983 ; and by 1988 have shown that individuals with cognitive deficits who married had only mild mental disabilities.

[Slight mental handicap and procreation. Knowledge and practice in 15 slightly mentally handicapped women]

Reports of complications requiring removal - including irregular vaginal bleeding - have dampened some of the initial enthusiasm for Norplant.

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