



UW Medicine | 计划生育

计划未来

为什现在就要想计划生育的事呢？

许多新父母告诉我们、他们宝宝刚刚出生、没有考虑计划生育。但是作为您的医疗保健提供者、希望确保您和您的家人有一个健康的新生活起点。这就是为什么您的提供者会在您离开医院之前询问您有关生育（避孕）计划的原因。大多数类型的节育方法可以立即安全地开始。

立即开始使用节育措施的一个原因是：如妇女在分娩后过早怀孕就会出现一些问题。包括较高风险的这些问题：

- 早产
- 胎盘后出血及妊娠期的其他问题。
- 出生时体重低
- 先天性的残疾
- 亲子关系问题

我们建议在两次怀孕之间至少等待一年、以确保母亲及其婴儿的最佳健康。



您的新宝宝会影响您为家庭的计划。

计划生育会涉及些什么？

第一步是考虑自己和家人想要的东西。找时间与性伴侣谈谈将来。在计划时要记住的一些事情是：

- 您一般的健康状况以及经期的出血量
- 多久有一次性交
- 您理想的家庭人数
- 防止通过性接触传播的感染



与您的伴侣讨论一次使用两种避孕方法以增强避孕的效果。

那种形式的节育最好？

避孕方法的成功率不同。当您听到有人说“避孕套有 **82%至 98%** 的时间可以防止怀孕”时，它表示：

- **100** 对夫妇中、避孕套可防止 **82 至 98** 对夫妇怀孕。较低的数字（**82%**）表明使用安全套 **1** 年后 **100** 对夫妇避孕的成功率。如夫妇每次性交都正确使用安全套、则避孕成功率较高（**98%**）、是 **100** 对夫妇的预期成功率。
- 如仅使用避孕套进行节育，则每 **100** 对夫妇中有 **2 至 18** 对将怀孕。

这就是为什么我们建议一次使用两种节育方法的原因。这样做会增加您的保护。例如：

如一对夫妇同时使用具有 **95%** 预防率的方法和具有 **90%** 预防率的方法、则在一年里综合预防率将为 **99.5%**。即在使用这两种避孕方法的 **1000** 对夫妇中、只有 **5** 例怀孕。

以下是一些问题、可帮助您决定使用那种避孕方法：

您认为什么时候会想再生一个孩子？还是您不想再有孩子了？

根据您的需要、可以考虑不同的节育方法。有些是永久的，有些可以逆转。

许多可逆方法与永久性选择一样有效。即使您不打算再次怀孕、这些方法也可能是一个很好的选择。

可以逆转的节育方法

如您使用可逆转的节育措施、是可以停止使用它们、并恢复自然怀孕的机会。一些可逆的节育方法是：

- 宫内节育器(IUD)
- 植入 (Nexplanon)
- 注射 (Depo-Provera)
- 男用及女用避孕套
- 膜片
- “事后”避孕药
- 口服避孕药 (the Pill)
- 阴道环(NuvaRing)
- 透皮贴剂 (Ortho Evra)
- 自然计划生育（意识生育期）方法
- 杀精剂



与您的医疗提供者谈谈对您和您的健康而言最好的避孕方法。

永久性的节育方法

想要永久控制生育的人已经决定他们不想生育更多的孩子。绝育手术可以有效地防止您以后怀孕。

- 对于女性：输卵管结扎术和宫腔镜输卵管阻塞术（Essure）都可防止卵子到达子宫。
- 对于男性：输精管结扎术可防止精子在射精过程中释放。

输精管结扎术通常比输卵管结扎术更安全、更有效。

您能应对节育的副作用吗？如某种类型会让您生病怎么办？

有很多预防怀孕的方法。您的医疗服务提供者可以帮助您找到一种对您最有效，副作用最少的安全方法。许多节育措施的副作用是有利的作用；例如月经周期缩短或减少经痛。

如您吸烟或患有高血压、偏头痛或有血栓史

- 使用含有女性激素的避孕药可能并不安全。
- 与您的医疗服务提供者交谈。告诉他们您所有的任何健康问题以及您已经服用的各种药物。

您正在哺乳吗？

- 含有女性激素的避孕药物可能会减少母乳的产量。大多数避孕药、贴剂和阴道环中都含有女性激素。当母乳喂养顺利时、大多数妇女就会发现、含有女性激素的节育方法并不影响她们的乳液的供应。

医生认为，母乳喂养时使用含有黄体酮的节育方法是安全的。这些包括迷你药丸、Nexplanon 和 Depo Provera。从这些产品进入母乳的微量黄体酮似乎对婴儿来说不是问题。

关于黄体酮对母乳供应影响的研究很少。但是大多数报道都认为黄体酮不会影响产奶量。要了解更多信息，请上网获取更多的资讯：

<https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

- 母乳喂养时，任何类型的宫内节育器（IUD）都被认为是安全的。
- 如您担心避孕药会影响母乳的产量、请与您的医生讨论何时开始使用节育方法。

您使用节育措施有多容易？

对某个人来说很容易的节育方法可能对另一个人来说太复杂了。或很难记住每天都吃药、或者每次性交都使用避孕套。

也有不需经常考虑的节育类型。这些被称为**高效可逆避孕**（**长效可逆避孕或LARC**）。

高效可逆避孕是可逆避孕的最有效形式。与使用其他可逆避孕措施的妇女相比，使用高效可逆避孕的妇女意外怀孕的可能性要小得多。

如果您决定要怀孕或想改用其他形式的节育方法，可以**随时**除去高效可逆避孕器。它们包括：

- **避孕环(IUDs)**.这些可以有几年的功效，取决于您选择的类型：
 - **激素宫内节育器**（**Skyla, Kyleena, Mirena** 和 **Liletta**）使用期限为**3至7年**、取决于类型。它们含有少量的黄体酮、会使您的月经流量较少。
 - **铜宫内节育器**（**Paragard**）是唯一不含有激素的宫内节育器。这些宫内节育器可持续使用长达**12年**。
- **植入式 (Nexplanon)** 此植入避孕药物可持续**5年**。制造商建议在分娩后**4周**植入 Nexplanon，但通常在您仍在医院时植入。与您的医生讨论该产品、并上 Nexplanon 网站的“问题和解答”页面：<https://nexplanon.com/questions>。
- 植入棒含有黄体酮。会有少量这种激素进入母乳。一项为期**3年**的研究未发现母亲植入了 Nexplanon 后、对儿童的生长发育受到任何影响。

您是否需要保护以免受性传播感染（STIs）和人类免疫缺陷病毒（HIV）的侵害？

在性交时、使用男用和女用安全套之类的隔离方法、是防预这些疾病最好方法。无论选择那种作为首选的节育方法、都必须使用男用或女用避孕套来保护自己免受性传播感染和艾滋病毒的侵害。

关于如何预防怀孕的真相

防止意外怀孕的最佳方法是选择一种**每次您都可以正确使用**的节育方法。对于许多女性而言、最容易使用的方法是**高效可逆避孕法**；例如宫内节育器和植入棒。

提醒：

- 在美国一半的怀孕都是意外发生的。
- 而美国的意外怀孕当中的一半都发生在实行节育的妇女中。

关于如何预防怀孕的真相

下面都是实情：

- 通常您月经来的这段时间性交是安全时间 - 但是在此期间您仍然可以怀孕。
- 无保护的性交“仅仅一次”也会使您怀孕
- 性交后排尿并不能预防怀孕。但是、它可以帮助预防尿路感染。
- 冲洗（冲洗阴道）、爽身粉、除臭剂和其他女性卫生用品不会阻止怀孕。它们也没有任何健康益处。实际上、它们会增加您发生某些阴道感染的风险。
- 您不需要高潮即可怀孕。
- 无论您年龄多大、都能怀孕、除非您已经过了更年期（自然或外科手术）。
- 哺乳期间也可能怀孕。
- 您可以在分娩后不久、甚至在月经恢复之前怀孕/
- 许多定为“不育”的人仍然可以怀孕。



在美国，所有意外怀孕的一半都发生在实行节育的妇女中。

选择什么时候生孩子

当您根据实际情况做选择时、就有更大的机会达到想要几个孩子、何时生孩子的目标。正确地使用节育方法需要花费一些时间-但大多数人都同意、认真按照计划生育来做、要比面对意外怀孕容易得多。

获取更多的资讯

华盛顿州卫生部有一本名为“节育：选择适合您的方法”的小册子。它为您解说避孕：选择最适合您的方法例如：

- 14 种最普片的避孕方法及它们的使用方法。
- 何时使用它
- 如何使用
- 它们的利弊
- 已知的副作用



确保您和您的伴侣都知道如何保养和使用安全套。

该手册可在网上查询有英语和西班牙语：

- 英语: http://here.doh.wa.gov/materials/birth-control-choosing-the-method-thats-right-for-you/14_BCmethods_E12L.pdf
- 西班牙语: http://here.doh.wa.gov/materials/birth-control-choosing-the-method-thats-right-for-you/14_BCmethods_S12L.pdf

现在、请回到本手册的目录并勾选此题材的框框、以便让护士知道您已经阅读了本章。

您有疑问吗？

我们很重视您的提问。如您对家庭计划有任何疑问、可在您下次看诊时、或在您住院期间与您的医护提供者提问。

Planning Your Family

Thinking about the future

Why think about family planning right now?

Many new parents tell us they are not thinking about family planning right after their baby is born. But your healthcare provider wants to make sure you and your family have a healthy start to your new life. This is why your provider will ask you about your plans for *contraception* (birth control) before you leave the hospital. Most types of birth control can be safely started right away.

One reason to start using birth control right away is that problems can occur when a woman becomes pregnant too soon after giving birth. These problems include a higher risk of:

- Premature birth
- Bleeding behind placenta and other problems in pregnancy
- Low birth weight
- Birth defects
- Problems with parent-child relationships

We advise waiting at least 1 year between pregnancies for best health of mothers and their babies.

What does family planning involve?

The first step is to think about what you want for yourself and your family. Find time to talk with your sexual partner or partners about the future.



Your new baby will affect your plans for your family.



Talk with your partner about using 2 birth control methods at a time to increase your protection.

Some things to keep in mind as you plan are:

- Your overall health and how heavy your periods are
- How often you have sex
- Your ideal family size
- Protection against the spread of sexually transmitted infections

Which form of birth control is best?

Birth control methods have different success rates. When you hear someone say, “Condoms prevent pregnancy 82% to 98% of the time,” it means that:

- Condoms prevent pregnancies for 82 to 98 couples out of 100. The lower number (82%) tells how successful 100 couples were when using condoms for 1 year. The higher number (98%) is the expected success rates for 100 couples if they use condoms the right way every time they have sex.

- **Between 2 and 18 couples out of 100 will become pregnant if they use only condoms for birth control.**

This is why we advise using **2 birth control methods at a time**. Doing this will increase your protection. For example:

If a couple uses **both** a method that has a 95% prevention rate **and** a method that has a 90% prevention rate, the combined prevention rate is 99.5%. That means there are **only 5 pregnancies among 1,000 couples** who used both birth control methods for 1 year.

Here are some questions to help you decide which method of birth control to use:

When do you think you will want to have another baby? Or do you prefer not to have any more children?

There are different birth control methods to think about, depending on what you want. Some are permanent, and some can be reversed.

Many reversible methods are just as effective as permanent options. These methods may be a good option even if you do not plan to get pregnant again.



Talk with your provider about the best kind of birth control for you and your health.

Reversible Birth Control

If you use *reversible* birth control, you can stop using them and return to your natural chances of becoming pregnant. Some reversible birth control methods are:

- Intrauterine device (IUD)
- Implant (Nexplanon)
- Injection (Depo-Provera)
- Male and female condoms
- Diaphragms
- “Morning after” pill
- Oral contraceptives (the Pill)
- Vaginal ring (NuvaRing)
- Transdermal patch (Ortho Evra)
- Natural family planning (fertility awareness) methods
- Spermicides

Permanent Birth Control

People who want *permanent* birth control have decided they do **not** want to have more children. *Sterilization* surgeries work well to prevent pregnancy for the rest of your life.

- For females: Both a *tubal ligation* and a *hysteroscopic tubal occlusion (Essure)* prevent eggs from reaching the uterus.
- For males: A *vasectomy* prevents sperm from being released during ejaculation.

Vasectomy is usually safer and more effective than tubal ligation.

Can you handle the side effects of birth control? What if a certain type makes you sick?

There are many ways to prevent pregnancy. Your provider can help you find a safe method that works for you, with the least amount of side effects. Many types of birth control also have helpful effects, such as lighter periods or less cramping with periods.

If you smoke or have high blood pressure, migraines, or a history of blood clots:

- It may not be safe for you to use birth control that contains estrogen.
- Talk with your provider. Tell them about any health issues you have and any medicines you already take.

If you are breastfeeding:

- Birth control methods that contain the hormone *estrogen* may decrease your breast milk. Most birth control pills, the patch, and

the vaginal ring contain estrogen. Once breastfeeding is going well, most women find that birth control that contains estrogen does not affect their milk supply.

Doctors believe it is safe to use birth control methods that contain the hormone *progesterone* when you are breastfeeding. These include the mini-pill, Nexplanon, and Depo Provera. The tiny amount of progesterone that enters breast milk from these products does not seem to be a problem for babies.

There are very few studies about how progesterone affects milk supply. But, most reports say that progesterone does not affect milk production. To learn more, visit <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>.

- Any type of *intrauterine device* (IUD) is considered safe while you are breastfeeding.
- If you are concerned about your breast milk levels, talk with your doctor about when to start your birth control method.

How easy is it for you to use your birth control?

A birth control method that is easy for one person might be too involved for another. It can be hard to remember to take a pill every day, or to use condoms every time you have sex.

There are some types of birth control that you don't have to think about very often. These are called **highly effective reversible contraception** (*long-acting reversible contraception*, or LARC).

LARC is the most effective form of reversible contraception. Women who use LARC are much less likely to have an unplanned pregnancy than those who use other forms of reversible contraception.

LARC methods can be removed *at any time* if you decide that you want to get pregnant, or want to switch to a different form of birth control. They include:

- **Intrauterine devices (IUDs)**. These work for several years, depending on which type you choose:
 - *Hormonal IUDs* (Skyla, Kyleena, Mirena, Liletta) last between 3 and 7 years depending on the type. They contain a small amount of progesterone, which makes your periods lighter.
 - *Copper IUD* (Paragard) is the only IUD that does not contain hormones. These IUDs last for up to 12 years.

- **Implant (Nexplanon).** This implant lasts for 5 years. The manufacturer advises inserting Nexplanon 4 weeks after giving birth, but it is often inserted while you are still in the hospital. Talk with your doctor about this product, and visit the “Questions and Answers” page on the Nexplanon website: <https://nexplanon.com/questions>.

Nexplanon contains the hormone etonogestrel. A small amount of this hormone will pass into your breast milk. A 3-year study did not find any effects on the growth and development of children whose mothers had the Nexplanon implant.

Do you need protection from *sexually transmitted infections (STIs)* and the *human immunodeficiency virus (HIV)*?

During sex, *barrier methods* such as male and female condoms offer the best protection from these diseases. Whatever you choose as your preferred method of birth control, you must still use the male or female condom to protect yourself against STIs and HIV.

Choose Birth Control That You Will Use

The best way to prevent an unplanned pregnancy is to pick a method of birth control that you will use **the right way every time**. For many women, the easiest methods to use are LARC methods such as the IUD and implant (Nexplanon).

Remember that:

- **Half of pregnancies in the U.S. are unplanned.**
- **Half of the unplanned pregnancies in this country occur in women who are using birth control**

The Truth About How to Prevent Pregnancy

These statements **are true**:

- Usually the time during your period is a safe time to have sexual intercourse – but you **can** still get pregnant during this time.
- Unprotected sex “just one time” **can** make you pregnant.
- Urinating after sexual intercourse does **not** prevent pregnancy. But, it can help prevent urinary tract infections.
- *Douching* (rinsing your vagina), powders, deodorants, and other feminine hygiene products do **not** prevent pregnancy. They also



Half of all pregnancies in the U.S. occur in women who are using birth control.



Be sure both you and your partner know how to care for and use condoms.

do not have any health benefits. In fact, they can increase your risk of certain vaginal infections.

- You do **not** need to have an orgasm to get pregnant.
- You are **not** too old to get pregnant, unless you have gone through menopause (natural or surgical).
- You **can** get pregnant while breastfeeding.
- You **can** get pregnant soon after giving birth, even before your periods return.
- Many people who are “infertile” can still get pregnant.

Choosing When to Have Children

When you make choices based on the facts, you increase your chances of having the number of children you want, when you want to have them. Using birth control the right way takes some time – but most agree that it is much easier to make the commitment to birth control than it is to deal with an unplanned pregnancy.

To Learn More

Washington State Department of Health has a brochure called “Birth Control: Choosing the method that’s right for you.” It explains:

- 14 birth control methods used most often and how they work
- When to use it
- How to get it
- Positives and negatives
- Known side effects

The brochure is online in English and Spanish:

- **English:** http://here.doh.wa.gov/materials/birth-control-choosing-the-method-thats-right-for-you/14_BCmethods_E12L.pdf
- **Spanish:** http://here.doh.wa.gov/materials/birth-control-choosing-the-method-thats-right-for-you/14_BCmethods_S12L.pdf

Questions?

Your questions are important. If you have questions about family planning, ask your healthcare provider at your next visit or while you are in the hospital.

Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.