



FACULTY OF NURSING

Family welfare services, Methods & Counseling



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Family welfare services

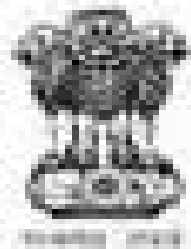
- Introduction-
 - The planning commission was set up in march 1950.
the objective of government to promote a rapid rise
in the standard of living of the people
 - The family welfare programme has high priority in
India, because its success depends upon the quality
of life of all citizen

Definition

- Family welfare including not only planning of births but the welfare of whole family by means of total family health care.

National family welfare programme

*Launched officially in 1952, by the Union
Ministry of Health & Family Welfare,
Govt. Of India.*



**Ministry of Health and Family Welfare
Government of India**

History

- Started in year- 1951
- In 1977 the government of India redesigned the “National Family Planning Programme” as the “National Family Welfare Programme”
- India is the first country in the world that implemented the family welfare programme at government level

Concept of family welfare

- Related to quality of life
- As such it includes
 - Education,
 - Nutrition,
 - Health ,



Cont..

- Employment,
- Women's welfare and Rights,
- Safe Drinking Water
- All Vital Factors Associated With Concept Of
Welfare

Aims and Obj



- To promote the adoption of small family norms
- To promote the use of spacing methods
- To supply of contraceptives
- To arrange for clinical & surgical services
- Participation of voluntary organization/local leaders/ local self government

Goals

- Reduction of birth rate
- Reduction of death rate
- Raising couple protection rate
- Reduction in average family size
- Decrease in infant mortality rate

Importance



IMPORTANCE

- Family welfare reduces maternal, perinatal and infant mortality and morbidity.
- It enables the parents to do their best for their children's welfare.
- It leads to socioeconomic progress of the country.

Strategies

- Integration with services
- Integration with maternity & child health
- Contraception in rural area
- Literacy
- Breastfeeding encouragement

Cont..

- Raising the age of marriage-(under the child marriage restraint bill 1978)
- Minimum needs programme
- Incentive
- Mass Media

- **FIRST & SECOND FIVE YEAR PLAN**
(1951-1961):-

-

National Family Welfare Programme was taken up with a clinical approach.

- Laid emphasis on:-

- *education

- *services

- *training

- *research

- **THIRD FIVE YEAR PLAN (1961-1965):-**

- ❖ National Family Welfare Programme was reorganized, after the publication of the 1961 census result, which showed a higher growth rate than expected.

- ❖ Family planning services & supplies of contraceptives were added.

Family planning methods

1. Medical termination of pregnancy
2. Menstrual regulation
3. Menstrual induction
4. Condoms and other contraceptives (e.g., copper T)
5. Lactational amenorrhea
6. Tubectomy
7. Vasectomy

FOURTH FIVE YEAR PLAN **(1969-1974):-**

- Post-partum Programme (1970)
- MTP act

- FIFTH FIVE YEAR PLAN
(1974-1978):-

The approach was to integrate family welfare services & maternal and child health (MCH) services.

MCH refers to promotive, preventive, curative & rehabilitative health care for mother and children.

National population policy
(1976)



OBJECTIVES of MCH:-

- 1.** Reduction in maternal, perinatal, infant and child mortality and morbidity rate.
- 2.** Promotion of reproductive health (e.g., birth spacing).
- 3.** Promotion of physical and psychological development of child and adolescent.

- **SIXTH FIVE YEAR PLAN**

(1980-1985):-

National Health Policy was approved by the parliament. (1983)

The National Health Policy defined the specific goals to be achieved under health and family welfare.

- **SEVENTH FIVE YEAR PLAN**

(1985- 1990):-

- **The Universal Immunization Programme** was started for infants and younger children for the prevention of communicable diseases.
- **The Oral Rehydration Therapy** was started in view of the fact that diarrhea was a leading cause of death among children.

- **EIGHTH FIVE YEAR PLAN**

(1992-1997):-

- *Child Survival And Safe Motherhood Programme (CSSM) was started. (1992)*



➤ FOR CHILD SURVIVAL COMPONENT:-

1. Essential newborn care
2. Exclusive breast feeding for 6 months.
3. Immunization against 6 killer diseases.
4. Appropriate management of diarrhea
5. Appropriate management of ARI.
6. Treatment of childhood anemia.



➤ FOR MOTHER:-

1. Early registration of all antenatal mother.
2. Minimum 3 ante-natal checkups.
3. Immunization against TETANUS.
4. Prevention & treatment of anemia.
5. Early detection of maternal complications & referral.
6. Deliveries by trained personnel.
7. Promotion of institutional deliveries.
8. Management of obstetrical emergencies.
9. Minimum 3 post-natal checkups.
10. Birth spacing.



DRUG & EQUIPMENT KIT

1). AT SUB-CENTER LEVEL:-

- a. Drug Kit A
- b. Drug Kit B
- c. Midwifery Kit A for ANM
- d. Sub center Equipment
Kit C

2). AT P.H.C. LEVEL:-

- a. PHC Equipment Kit D



3). AT C.H.C./FIRST REFERRAL UNIT IN SAFE MOTHERHOOD DISTRICT:-

- **Kit E- Laprotomy Set.**
- **Kit F- Mini Laprotomy Set.**
- **Kit G- IUD Insertion Set.**
- **Kit H- Vasectomy Set.**
- **Kit I- Normal Delivery Set.**
- **Kit J- Vacuum Extraction Set.**
- **Kit K- Embryotomy Set.**
- **Kit L- Uterine Evacuation Kit.**
- **Kit M- Equipment For Anesthesia.**
- **Kit N- Neonatal Resuscitation Set.**
- **Kit O- Equipment And Reagent For Blood Test.**
- **Kit P- Donor Blood Transfusion Set.**

- **NINTH FIVE YEAR PLAN (1997-2002):-**

The Reproductive & Child Health (RCH)

Programme was started which integrates all related programmes of eighth five year plan.



R.C.H. PROGRAMME

- Launched by Govt. Of India in **Oct. 1997**.
- This covers the components of :-
 1. Child survival and safe motherhood program
 2. Family welfare program
 3. Prevention and management of RTIs and STDs.
 4. Adolescent health.

- RCH Programmes are as follows:-

- For children- child survival components

- For mother- safe motherhood components

- For eligible couples-

- a. Promotion of contraception.

- b. Safe services for MTP.

- Other new services-

- a. Prevention & management of RTIs & STDs

- b. Adolescent health and counseling on family life and reproductive health.

- TENTH FIVE YEAR PLAN (2002-2007):-

During this programme , efforts were made to improve health status of the population by:-

- Providing quality care.
- Decrease poverty by 5% by 2007 and by 15% by 2012.
- Access to portable drinking water.
- Reduction in maternal mortality ratio to 2% /1000 live births by 2007 and to 1% by 2012.

- ELEVENTH FIVE YEAR PLAN (2007-2012):-

THE GOALS OF THIS PLAN ARE:-

1. Reducing MMR to 1 per 100 live births.
2. Reducing IMR to 28 per 1000 live births.
3. Reducing anemia among women and girls by 50%
4. Raising the sex ratio for age group 0-6 to 935 by 2011-2012.

■ AREAS OF 11TH FIVE YEAR PLAN :-

1. Integrating AYUSH in health system.
2. Health insurance.
3. Training the TBAs.
4. Increasing role of tele -medicine.
5. Taking care of elder persons.
6. Making research accountable.

TWELFTH FIVE YEAR PLAN (2012-2017):-

focused on improvement of health, education, and sanitation.

Family welfare method

Method

```
graph TD; Method[Method] --> Temporary([Temporary]); Method --> Permanent([Permanent]);
```

The diagram consists of a central dark red rounded rectangle at the top containing the word 'Method' in white bold text. Two blue arrows point downwards from the bottom corners of this rectangle to two light red ovals below. The oval on the left contains the word 'Temporary' in black bold text, and the oval on the right contains the word 'Permanent' in black bold text.

Temporary

Permanent

Temporary



- Barrier method
- Natural contraception
- Intrauterine contraceptive device (IUCD)
- Steroidal contraception

Permanent



- Female- Tubectomy
- Male- Vasectomy

Temporary method

Barrier method

```
graph TD; A[Barrier method] --> B[Mechanical]; A --> C[Chemical method]; A --> D[Use of mechanical and chemical both];
```

Mechanical

- Male – condom
- Female- condom
- Diaphragm, cervical cap

Chemical method

- Creams
- Jelly
- Foams tables

Use of
mechanical
and chemical
both

Mechanical method

Male Condom - Most common and effective barrier method.

made of Latex and Polyurethane

used in the prevention of pregnancy and spread of STI's (including HIV)

Male Condom

Advantages:

- easily available
- Safe and inexpensive
- Do not require medical supervision
- No side effect



Disadvantages :

Failure rate due to incorrect uses

Female Condom: The pouch made up of Polyurethane, which lines the vagina. It is 17 c.m in length with one flexible polyurethane ring at each end .



Diaphragm: the diaphragm is a vaginal barrier. It was invented by the German physician in 1882.

- Also known as “DUTCH CAP” .
- Made up of synthetic rubber or plastic material.
- It range in diameter from 5 -10 cm .
- A spermicidal jelly is always used along with the diaphragm.
- The diaphragm is inserted 3 hours before sexual intercourse and must remain in place for not less than 6 hours.



Chemical

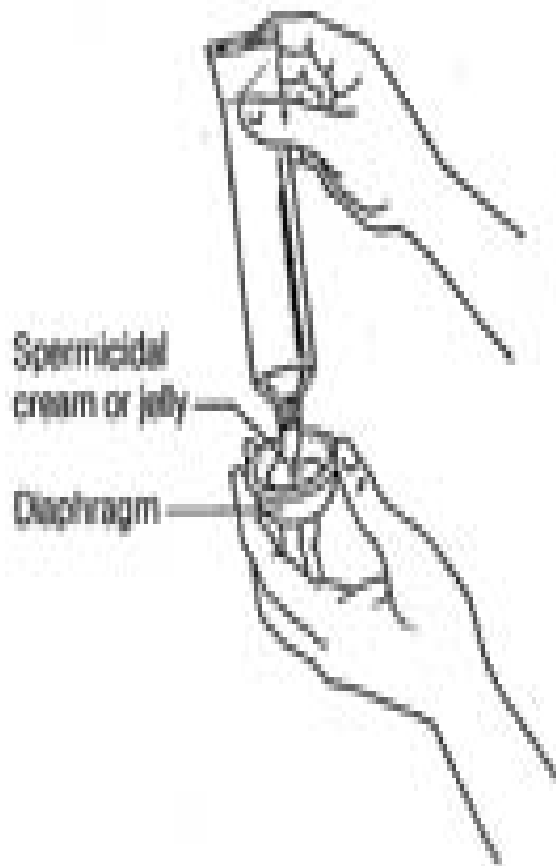
Spermicidal –

- Available as vaginal foams gels, creams, tablets & suppositories
- usually they contain surfactant like-nonoxynol-9, octoxynol or benzalkonium
- May cause sperm immobilisation

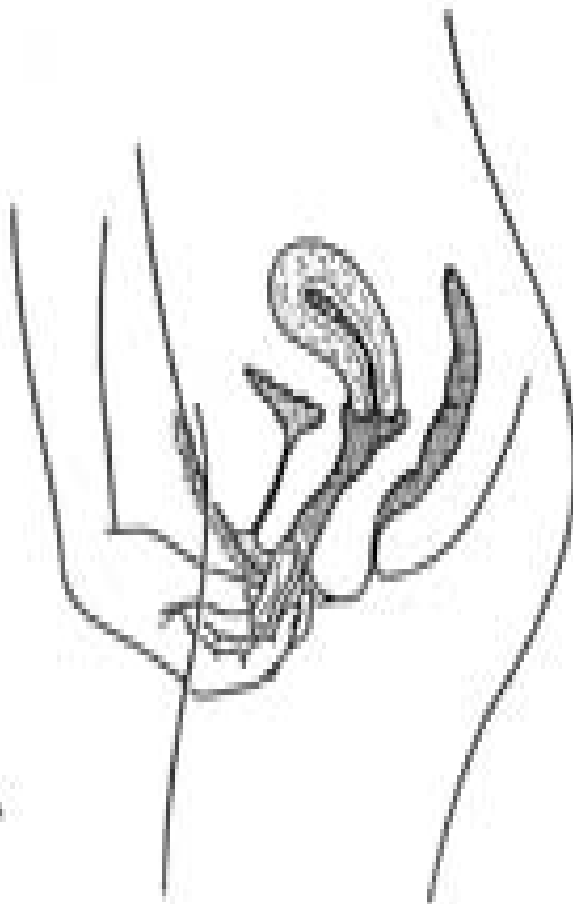
Vaginal Sponge :

- it is a small polyurethane foam sponge measuring 5 cm ×2.5 cm, with the spermicide.
- The sponge is far less effective than the diaphragm.

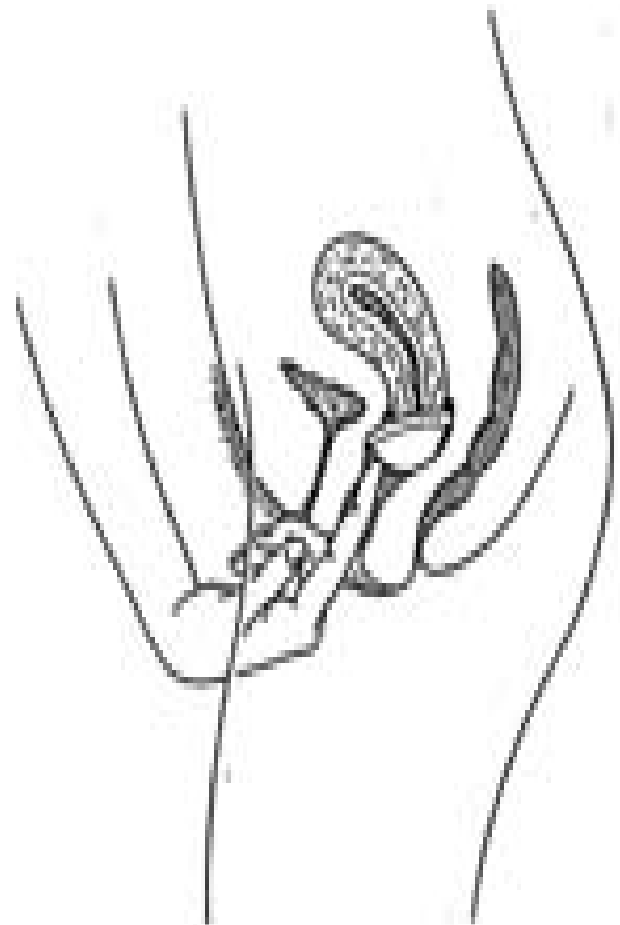




Spermicide is squeezed into dome of diaphragm, some spread around rim.



Rim squeezed together, diaphragm is inserted into vagina jelly side up.



Placement of diaphragm is checked to make certain cervix is covered.

Natural method

1. Rhythm method

- Recording of previous menstrual cycle
- Noting the basal body temperature chart
- Noting excessive mucous vaginal discharge

2. Breastfeeding ,lactation amenorrhea

3. Coitus interruptus

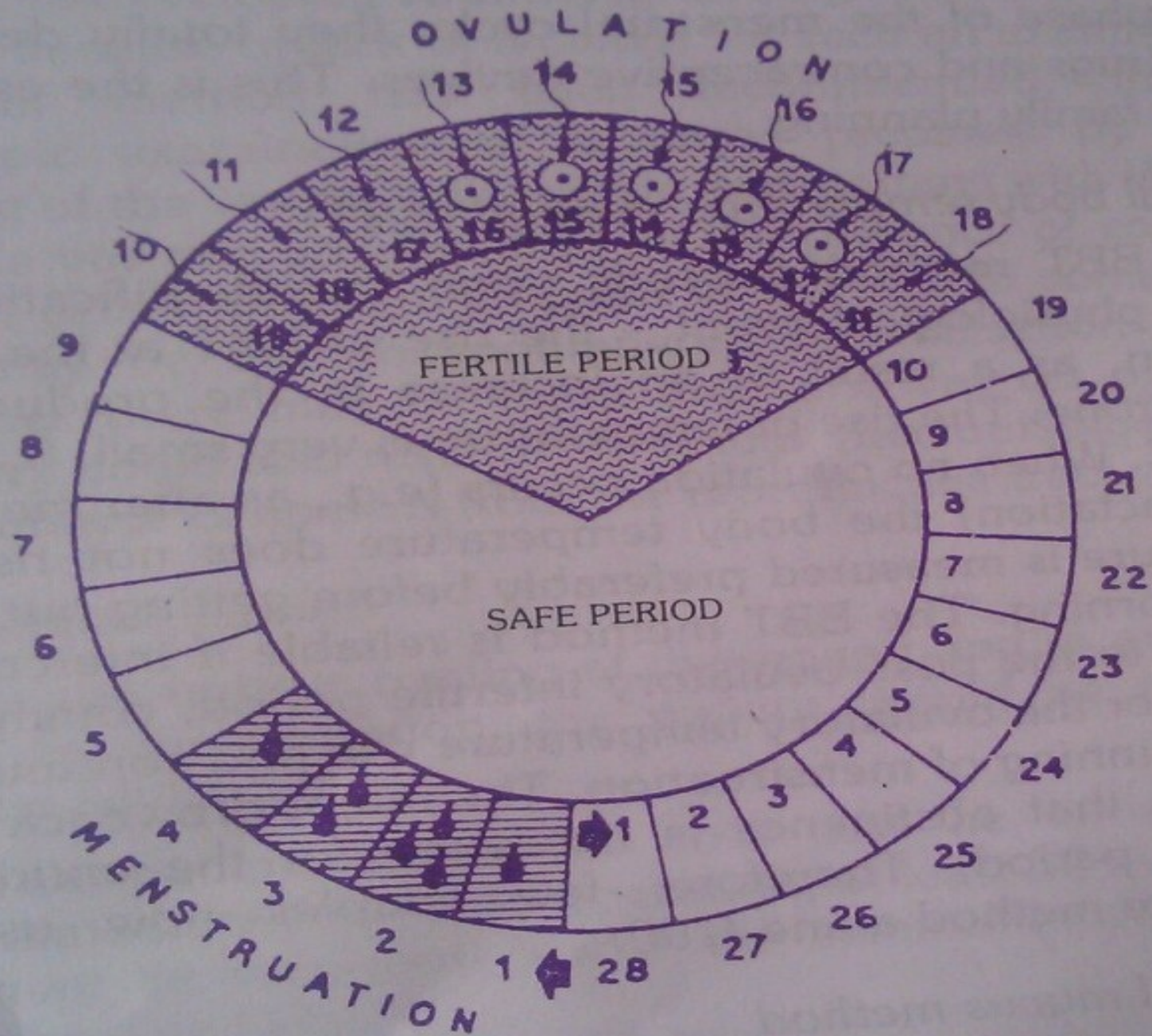


FIG. 8

Intrauterine contraceptive devices

There are two basis types of IUD :

- Non medicated and
- Medicated.

First Generation IUDs: The non medicated devices. They appeared in different shapes and size : loop, spirals, coils, rings.

i.e. Lippes Loop : is double –S shaped device made up of polyethylene, a plastic material that is non toxic , non tissue reactive and extremely durable.

Second Generation IUDs: tried in 1970's by adding to the IUDs. It was found that metallic copper had a strong anti-fertility

Earlier devices:

- Copper -7
- Copper T- 200 (4 year)

Newer devices:

- T devices
 - i)Cu -T 220
 - ii)Cu -T 380 (10 year)
- Nova T
- Multiload devices
 - i)ML- Cu- 250 (3year)
 - ii)ML- Cu- 375 (5 year)



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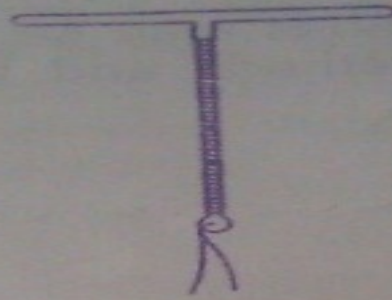
Third Generation IUDs:

hormonal device LNG- 20 is a T shaped IUD

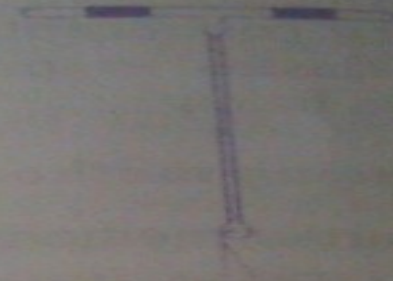
releasing 20 mcg of **Levonorgestrel (LNG)**(a potent synthetic steroid)



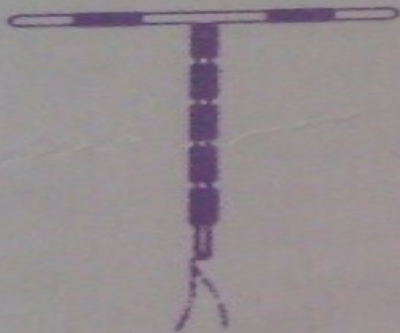
Lippes loop



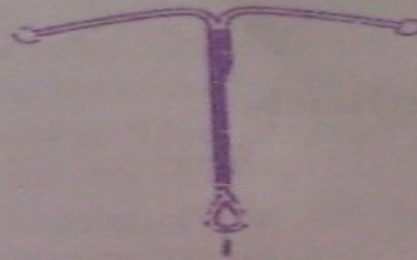
Cu-T-200B



Cu-T-380A



Cu-T-220C



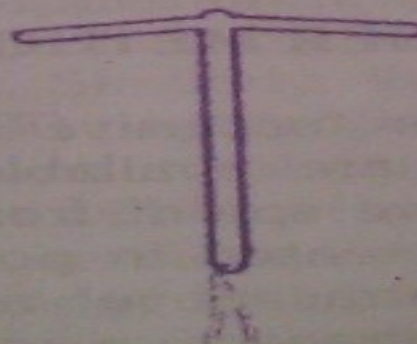
Nova T



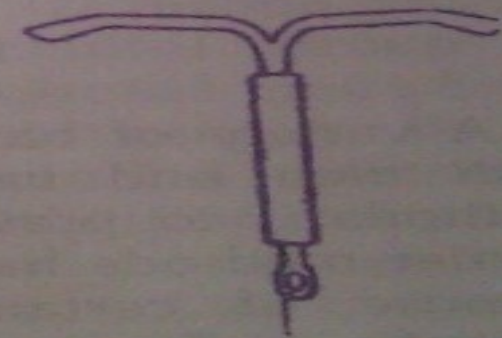
Copper 7



Multiload 375



Progestasert



Levonorgestrel IUD

FIG. 7

Types of IUDs currently in use

Mechanism of Action: IUD causes a foreign- body reaction in the uterus causing cellular and biochemical changes in the endometrium and uterine fluids, and it is believed that these changes impair the viability of the gamete and thus reduces its chances of fertilization.

Copper has got additional local ant fertility effect

Time of insertion

- Interval
- Postabortal
- Postpartum
- Post placental delivery

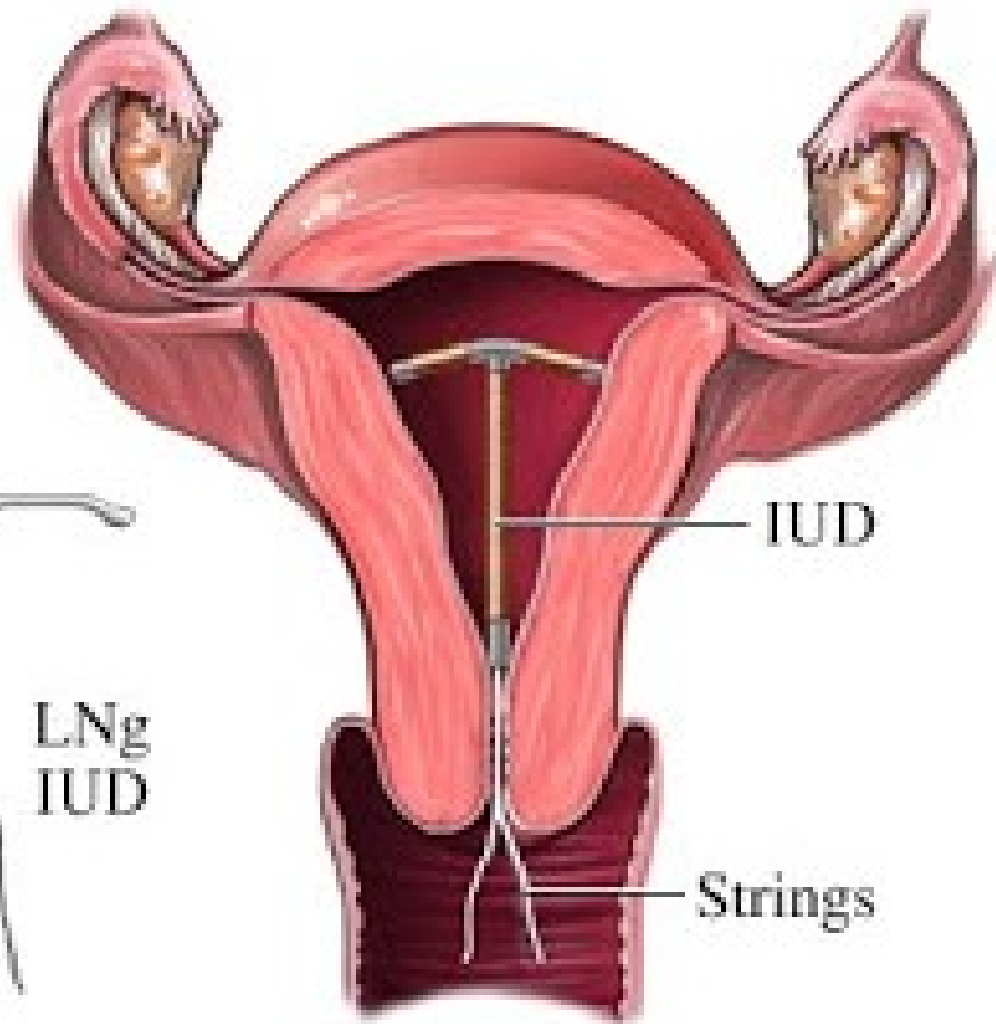
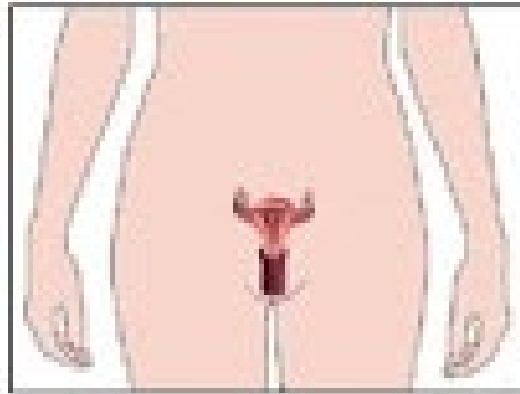
Method of insertion

2 steps

- Preliminaries
- Actual steps

Technique – “No-touch” method





Advantages :

- Simplicity
- Insertion takes only few minutes
- Inexpensive
- Once inserted IUD stay in place as long as required

Contraindications:

- Risk of Ectopic pregnancy
- Require motivation
- Vaginal bleeding of undiagnosed etiology
- Ca cervix, pelvic tumors

Steroidal contraception

Oral



- Combined preparation
- Single preparation

Parenteral



- Injectables
- Implant

Device



- IUD
- Vaginal ring
- Transdermal patches

Combined oral contraceptive pills

Combined pill: Combined pill contain no more than 30-35 mcg of a synthetic estrogen, and 0.5 to 1 mg of a progestogen.

MALA- N and MALA- D

(Levonorgestrel 0.15 mg

and Ethinil oestradiol 0.03 mg)



- **Progestin – only pill (POP)** : This pill is commonly referred to as “minipill” or “micropill”. It contains only progestin.

Injectable

- DMPA-
 - Depomedroxy Progesterone acetate
 - Route- Intramuscular with in 5 days of the cycle
 - Dose- 150 mg every 3 month
 - 300 mg every 6 month



NET-EN (Norethisterone enantate) : IM dose of 200 mg every 60 days.

DMPA – SC 104 mg : 3 month interval

- Once -a- month combined injectables

Implant

Subdermal implant : Implants are placed in the body, filled with hormone that prevents pregnancy plastic capsules the size of paper matchsticks inserted under the skin in the arm 99.95% effectiveness rate

Norplant I

vs.

Norplant (R)II

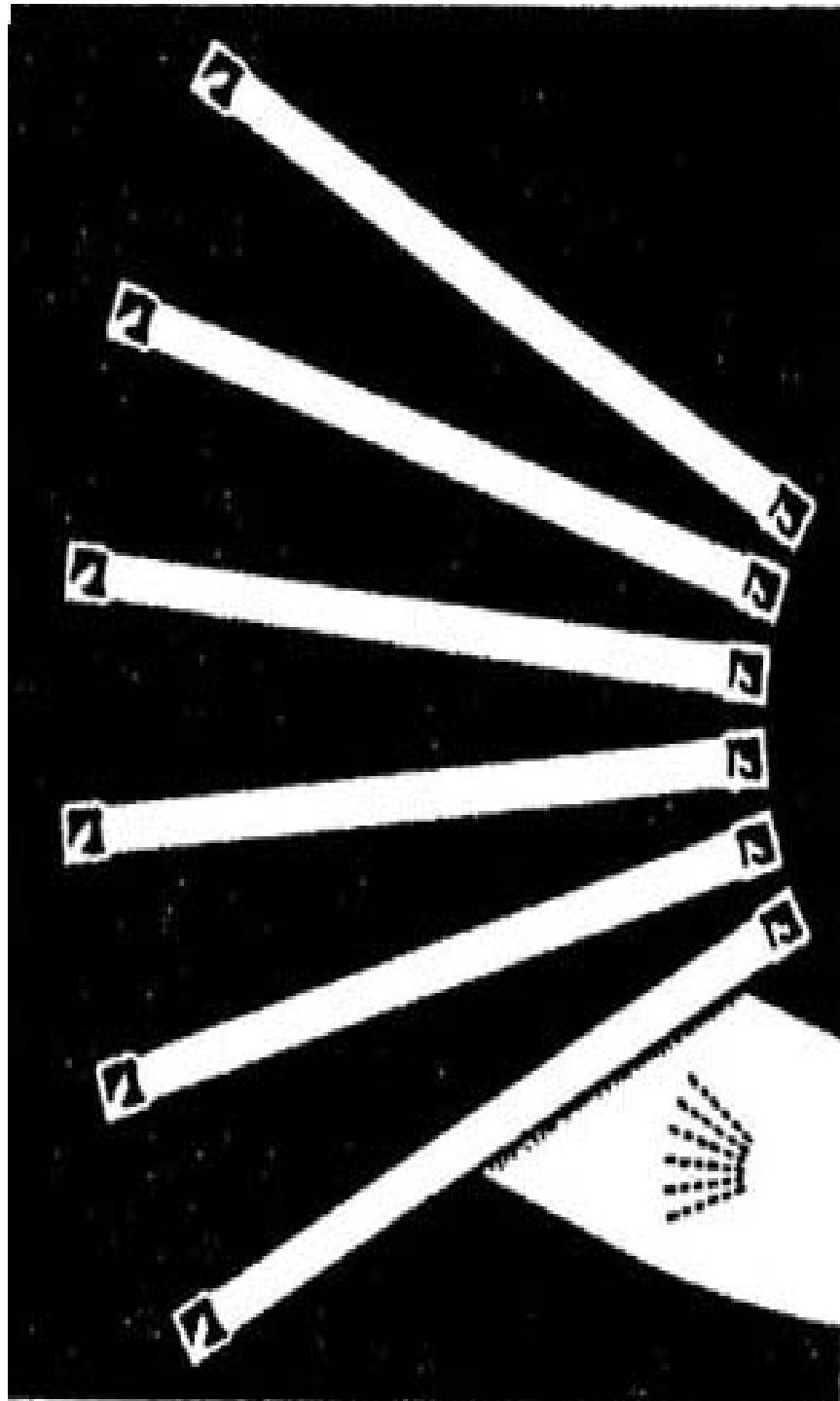
Six capsules

(35 mg) each

Three years

Two capsules

Five years



The Norplant System consists of 6 capsules implanted under the skin of the upper arm. They prevent pregnancy by secreting progesterone into the body. They may be left in place for up to 5 years or surgically removed at any time.

Emergency contraception

Post- coital contraception: recommended within 72 hours of an unprotected intercourse. Two methods are available:

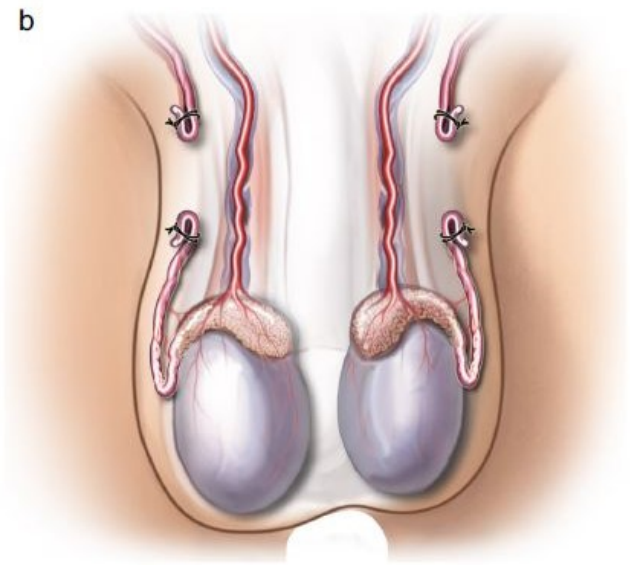
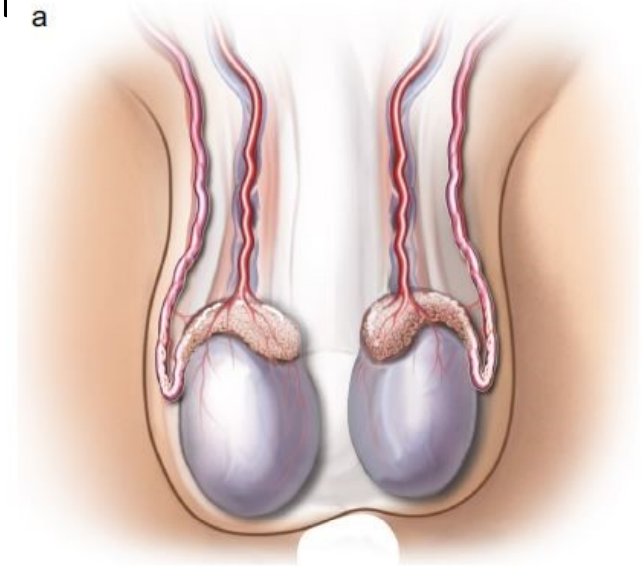
- **IUD:** insertion of copper device within 5 days.
- **Hormonal :** levonorgestrel 0.75 mg tablet is approved for the emergency contraception. (1st tab. Within 72 hours and 2nd tab. After 12 hour of first dose.)

Permanent method

- Male – Vasectomy
- Female- Tubectomy

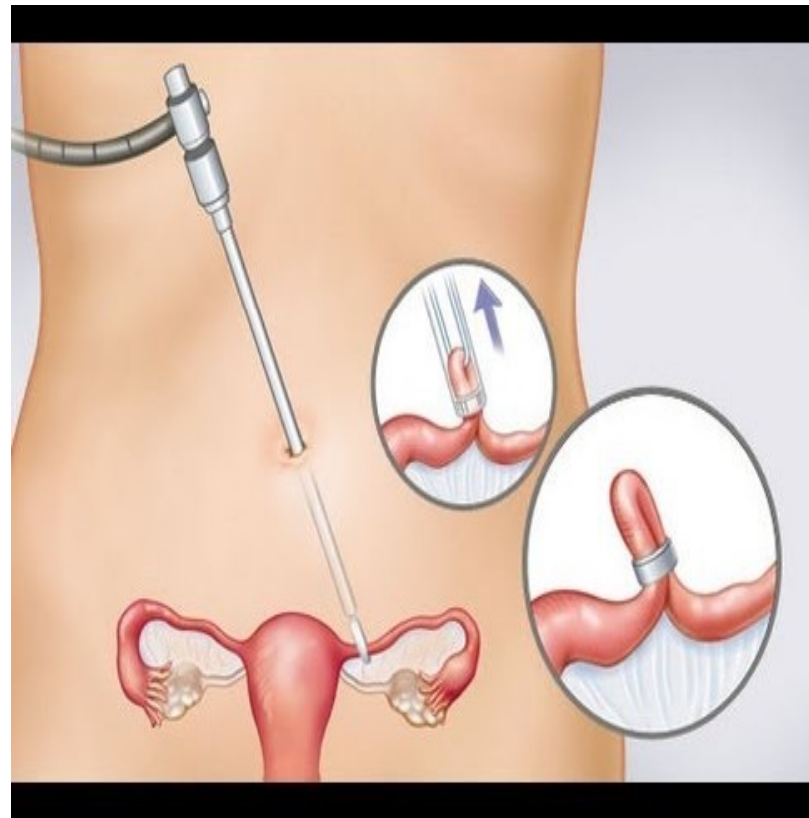
Vasectomy_a

- Methods –
 - No-scalpel vasectomy
 - Percutaneous vasectomy
 - Open ended vasectomy



Tubectomy

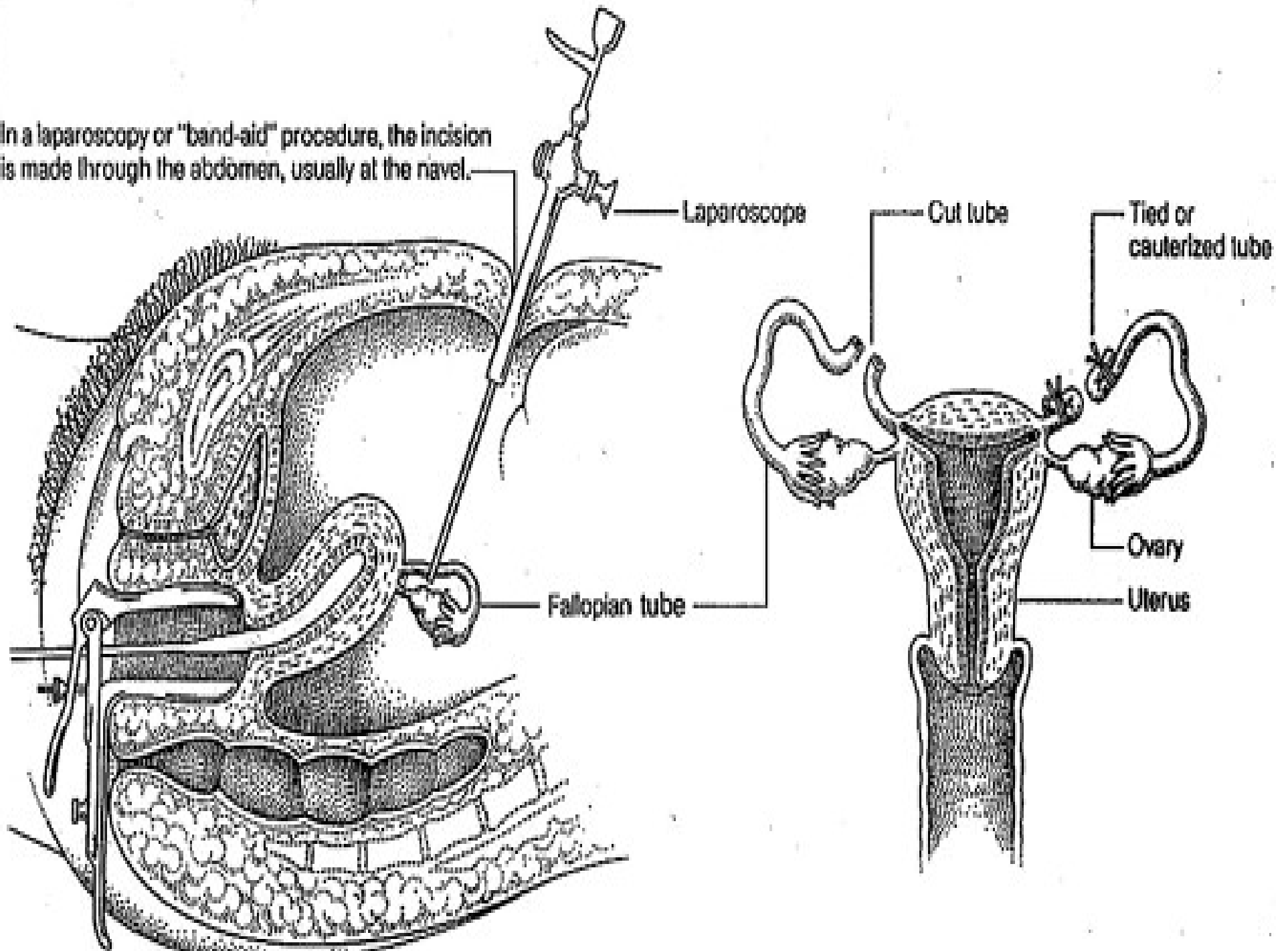
- There are 2 method
 - Abdominal
 - Vaginal
- Abdominal –
1. Conventional
 2. Minilaparotomy



A. Conventional (laparatomy) steps

Using a lapraoscope through the abdomen, fallopian tubes are located and are blocked by a fallop ring or a rubber ring, so that ovum can not reach the uterus.

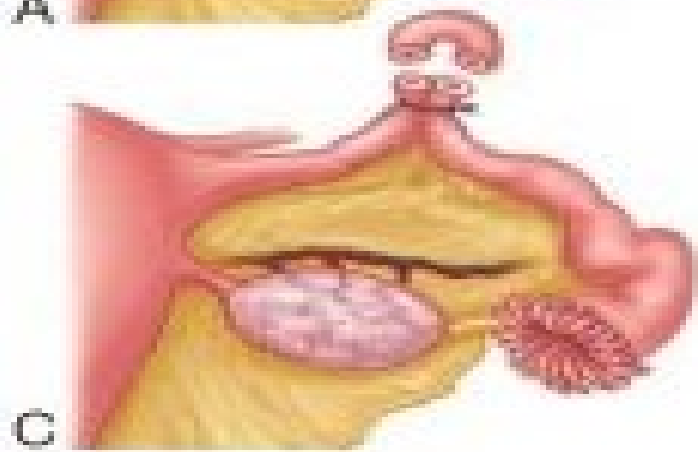
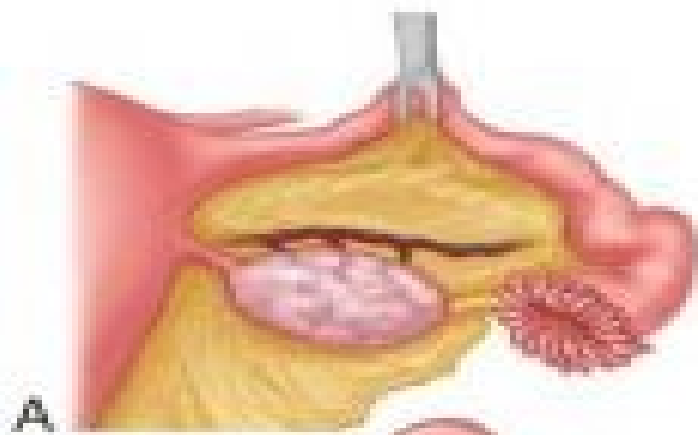
In a laparoscopy or "band-aid" procedure, the incision is made through the abdomen, usually at the navel.



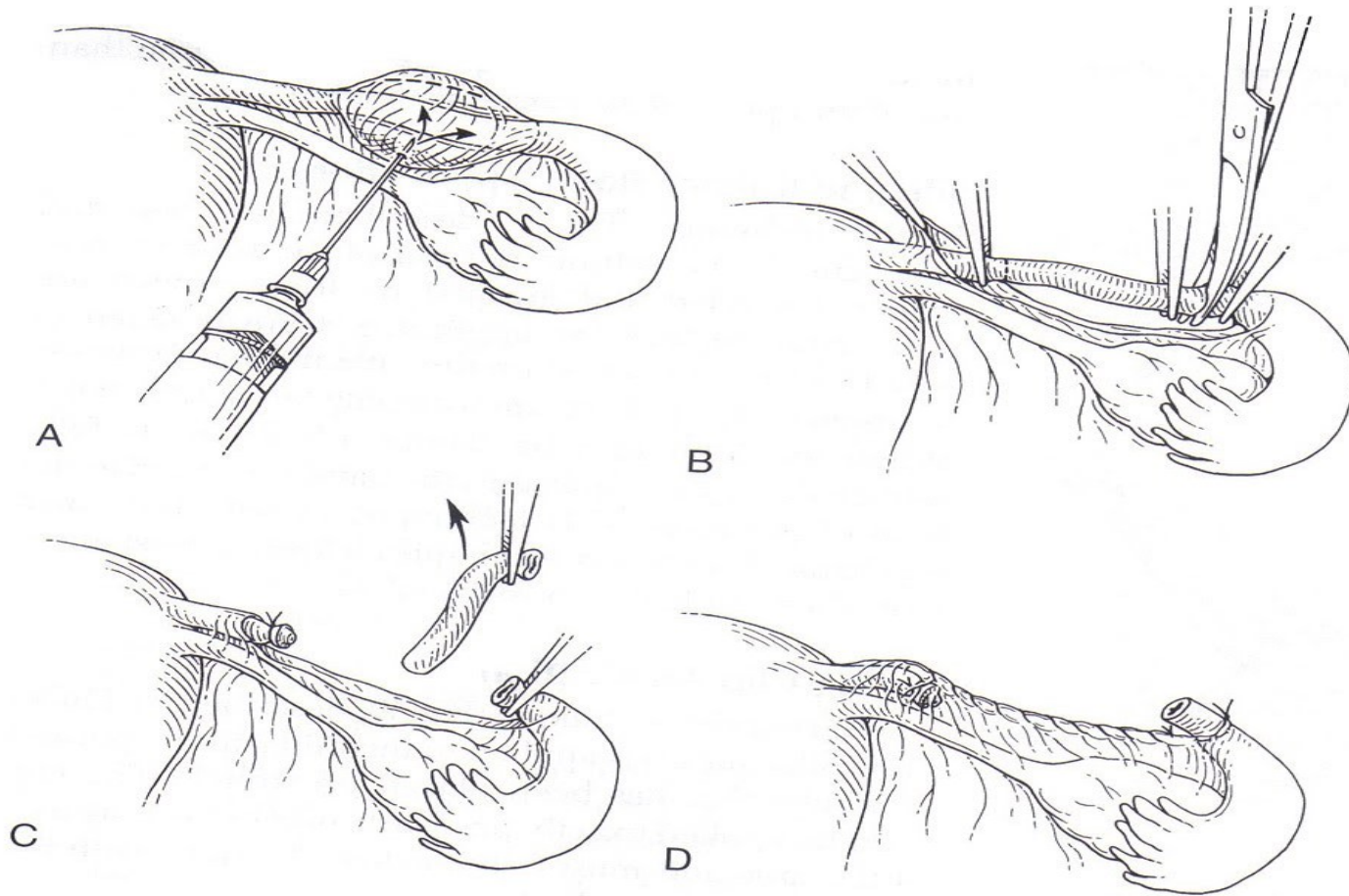
Technique-

- Pomeroy's method
- Uchida technique
- Irving method
- Madlener method
- Kroener method

Pomeroy's method



Uchida



B. Minilaparotomy

an incision of 2.5 to 3 cm is performed in lower abdomen and a part of fallopian tubes is cut and tied .

2. Vaginal ligation

Introduction

Concepts of counseling

counseling is a face-to-face communication with the client or couple in order to help them arrive at voluntary and informed decisions.

Definition

Family planning counseling is defined as a continuous process that the counselor provide to help clients and people to make and arrive at informed choices about the size of their family (i.e. the number of children they wish to have).

Types of Family Planning Counseling

Individual counseling :



7/31/2020

Couple counseling :



Group information sharing :



General principles of counseling

- Privacy — find a quiet place to talk.
- Take sufficient time.
- Maintain confidentiality.
- Keep it simple.
- Say it again .

Stages of counseling for family planning

- General counseling
- Method-specific counseling
- Return/follow-up counseling

Steps in family planning counseling

GATHER approach

- G — Greet the client
- A — Ask the clients about themselves
- T — Tell them all about family planning methods
- H — Help them to choose a method
- E — Explain how to use a method
- R — Appoint a return visit for follow-up

Factors influencing family planning counseling outcomes

- Factors related to counselor
- Factors related to the client
- External/programmatic factors

Conclusion

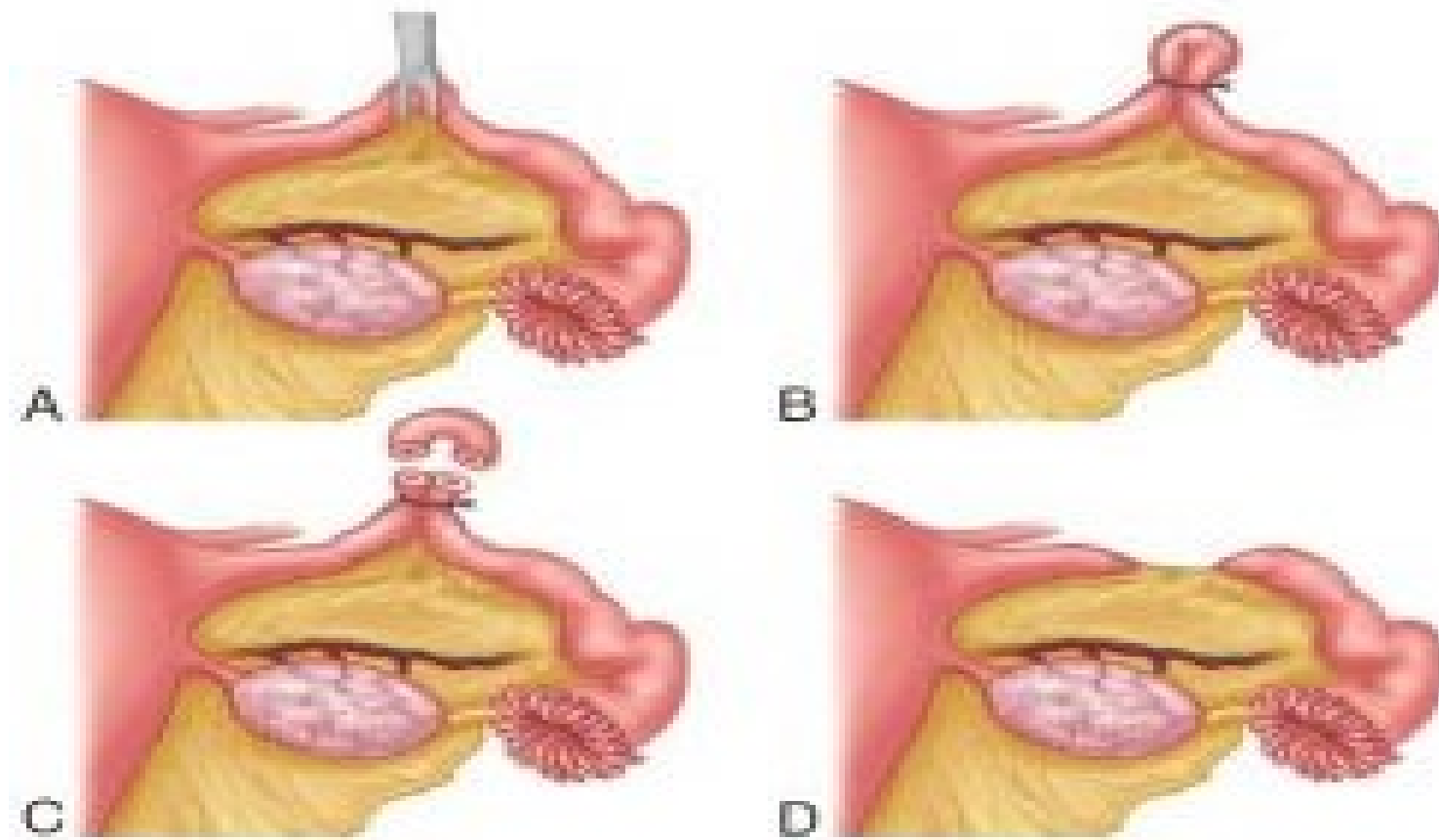
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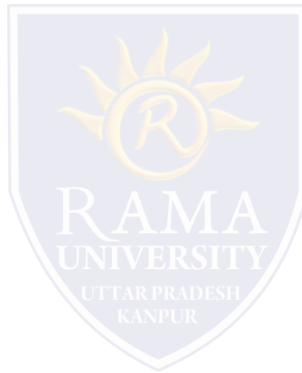
Summary

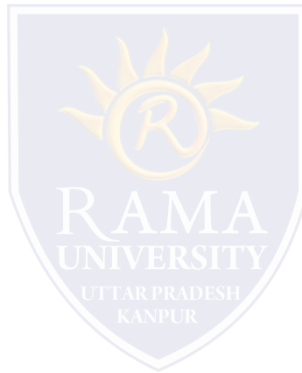
Evaluation

- Family welfare services started on

What this diagram indicate-









thank
you