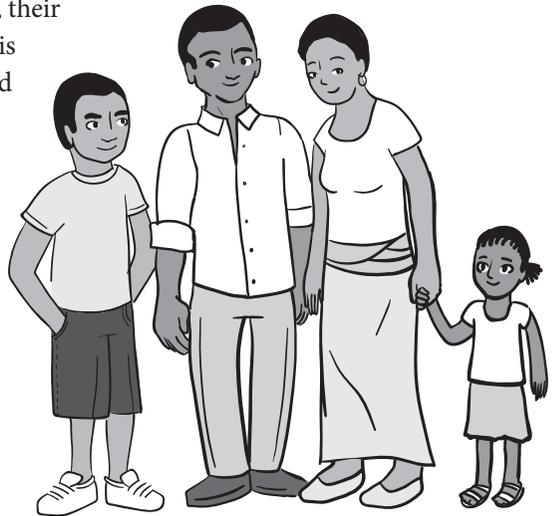


5

Completing the Family

INTRODUCTION

Once a couple has reached their desired family size and they do not want another child, their family is complete. Part of this decision is how many children they can provide and care for. It is best for the health of the mother and the child if a couple would have all the children they want by the time the woman reaches the age of 35. Between 18 and 35 are the safest years for childbearing, for both mother and child. Health care providers, as well as community, religious, and political leaders, can educate couples about the safest years for childbearing and how risks for both the mother and the child increase after the woman reaches the age of 35.



Once a couple has all the children they want, they need an effective contraceptive method that will prevent another pregnancy. Couples can choose from a full-range of contraceptive methods, including a variety of long-acting and permanent methods, as discussed in Chapter 7. But now that the couple has agreed that they have all the children they desire, they may seriously consider and choose a permanent contraceptive method that will provide protection for as long as they are at risk of pregnancy.

- 1** Having all children before the age of 35 is safer for both the mother and child than having children at a later age.
- 2** Women and couples who have had all the children they want may choose a long-acting or permanent contraceptive method. These methods are the most effective, and they can provide either many years of protection or life-long protection from pregnancy.
- 3** Women who are not relying on permanent contraception and want to avoid pregnancy should continue using a contraceptive method until they reach menopause and have not had a monthly bleeding for 12 months in a row.

SUPPORTING INFORMATION

FACT 1.

Having all children before the age of 35 is safer for both the mother and child than having children at a later age.

The risks associated with childbearing increase as women age and their bodies may be less able to deal with the physical stresses of pregnancy and childbirth. Women over the age of 35 are 5 times more likely to die in pregnancy or childbirth than women ages 20 to 24. They are more likely to have problems during pregnancy such as miscarriage, high blood pressure, and diabetes (high sugar level in the blood). The risk of giving birth to a small baby, a baby with disabilities, or a stillborn baby increases with the age of the mother.

Ideally, a couple should plan to have all the children they want by the time the woman reaches 35 years of age. This may require careful planning because of the importance of spacing births. As discussed in Chapter 4, allowing at least 2 years between giving birth and trying to get pregnant again is best.

Some couples may decide to have a child when the woman is older than 35 regardless of the added health risk. The pregnant mother needs to obtain health care before and after the baby is born. In addition, the baby should be delivered by a skilled health care provider.



FACT 2.

Women and couples who have had all the children they want may choose a long-acting or permanent contraceptive method. These methods are the most effective, and they can provide either many years of protection or life-long protection from pregnancy.

Women and couples who have had all the children they want and consider their family complete can prevent further pregnancies by using the most reliable contraceptive methods. While many methods can be used effectively, the most effective are those that do not require repeated action, each day or each time a person has sex. For example, the copper intrauterine device (IUD) is inserted into a woman's uterus and provides protection for as long as 12 years. Contraceptive implants are inserted under the skin of a woman's arm and provide 3 to 5 years of protection from pregnancy (depending on the type of implant). Once she has an IUD or implant inserted, a woman does not have to do anything more to use the method effectively.

If a couple is certain that they will want no more children, a permanent contraceptive method may be their most convenient option. The permanent methods are female sterilization, also called tubal ligation, and male sterilization, also called vasectomy. Both are relatively simple surgical procedures. Both are very safe and effective. A woman or man who chooses sterilization will be protected from pregnancy for the rest of their lives, although an extremely small risk of pregnancy still exists, if the fallopian tube or vas deferens partially reconnect.

Vasectomy enables the man to take responsibility for preventing unplanned pregnancies. Some men find it difficult, however, to decide to have a vasectomy. Some are needlessly concerned that a vasectomy will reduce their desire for sex or their ability to have sexual relations. And some women are also concerned about how vasectomy may affect their husbands.

Counselors can reassure men and their wives that vasectomy does not reduce desire or sexual performance. It may even improve their desire and performance by reducing their worry about causing an unwanted pregnancy. Also, talking with men who have had vasectomies can help a man decide about this method.

FACT 3.

Women who are not relying on permanent contraception and want to avoid pregnancy should continue using a contraceptive method until they reach menopause and have not had a monthly bleeding for 12 months in a row.

As a woman gets older and approaches menopause, her fertility declines. However, a woman should assume that she can still get pregnant until her monthly bleeding stops on its own and she has not had her monthly bleeding for 12 months in a row. Until then, she should continue using a family planning method consistently and correctly. Menopause typically occurs sometime between the ages of 45 and 55.

Continuing to use contraception until menopause involves several important issues. First, as women grow older, they may develop certain health conditions that could make use of some contraceptive methods less safe. A woman who develops a serious new health condition should tell her health care provider what contraceptive method she uses. Her provider should check whether the method is still safe for her and, if not, help her choose another method.

Second, women who have been using a hormonal method — such as progestin-only injectables, implants, or even oral contraceptive pills — may

have irregular bleedings or a complete absence of bleeding. This is normal with these methods and not at all harmful. However, as a woman approaches menopause, her bleeding patterns naturally become irregular, and bleeding may not come every month. Thus, it may be hard to know whether she

already has entered menopause or her absence of periods is due to the hormonal contraceptive.

When a woman's monthly bleeding has stopped on its own and has not come back for 12 months in a row, it means she has reached menopause. She will not be able to become pregnant again and can stop using contraception.

Therefore, a health care provider may recommend that a woman approaching menopause use a non-hormonal method so that she can monitor her monthly bleeding and know when she has had none for 12 months in a row. Women who choose to switch to a non-hormonal

method for this reason must use another highly effective method to prevent an unplanned pregnancy. The copper-bearing IUD is one such method, and it should not be removed until the 12th month after a woman's last monthly bleeding.

Third, aging and menopause do not reduce the risk of STIs. All women, regardless of age, who remain sexually active, should know to continue using male or female condoms if they are at risk of exposure to STIs/HIV.