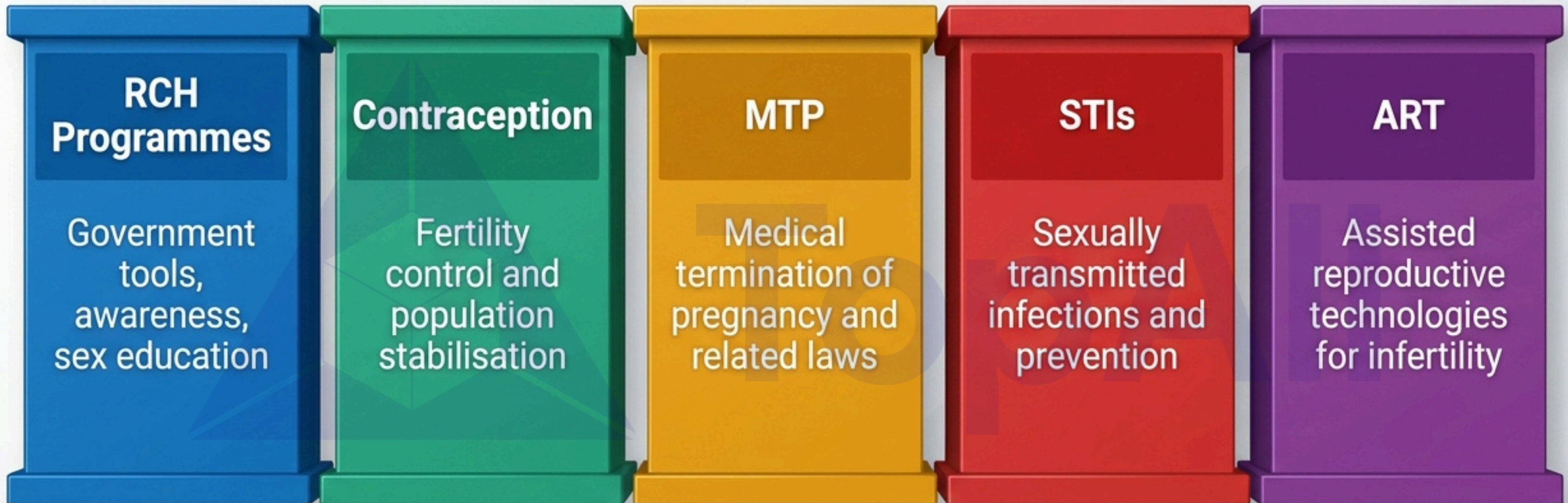


REPRODUCTIVE HEALTH: THE CLINICAL BLUEPRINT

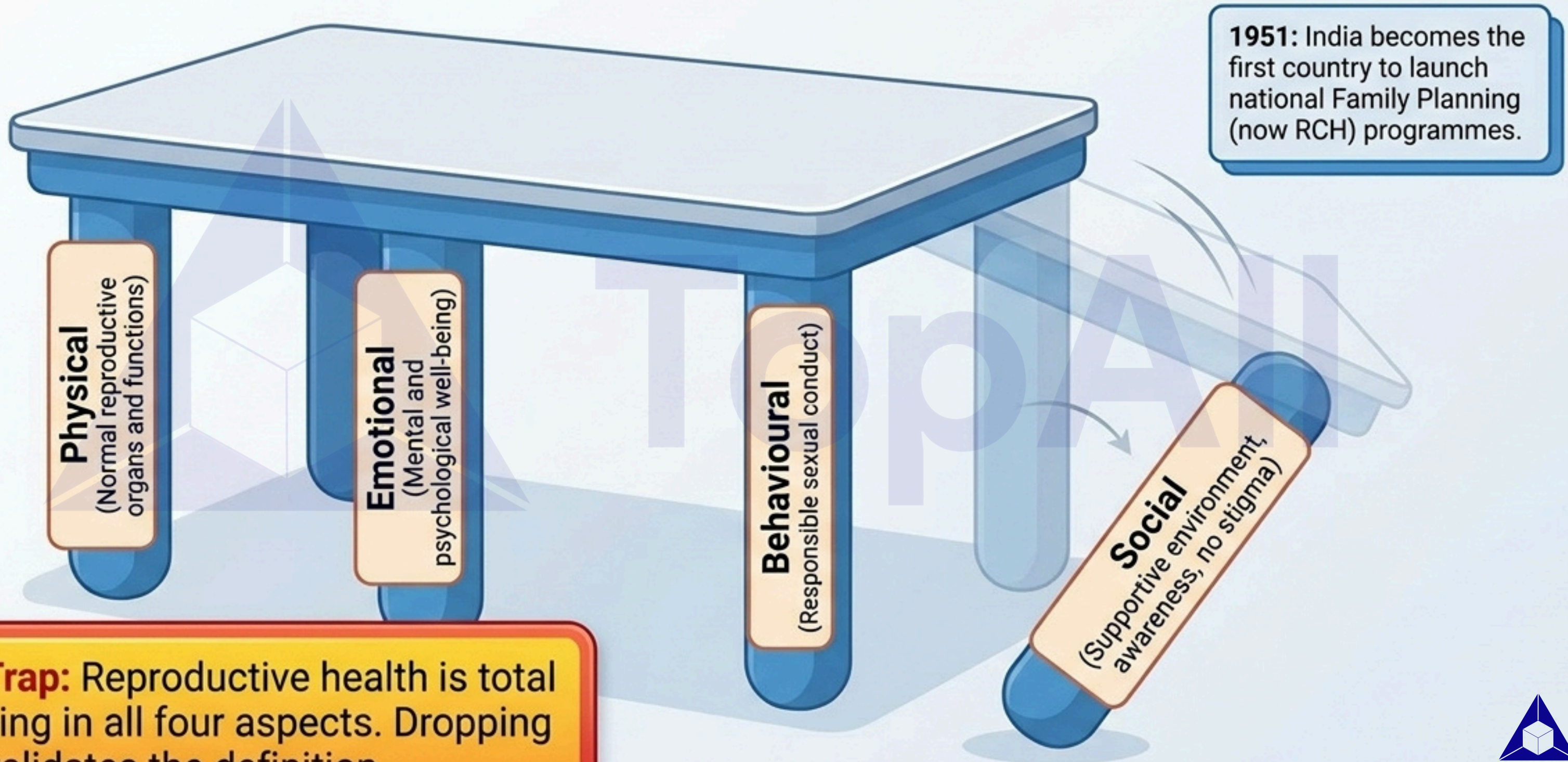
CORE FRAMEWORKS, POPULATION POLICY,
AND MEDICAL INTERVENTIONS

The Five Categories of Reproductive Health



Map the structure before mastering the details. Every concept in this dossier slots into one of these five clinical buckets.

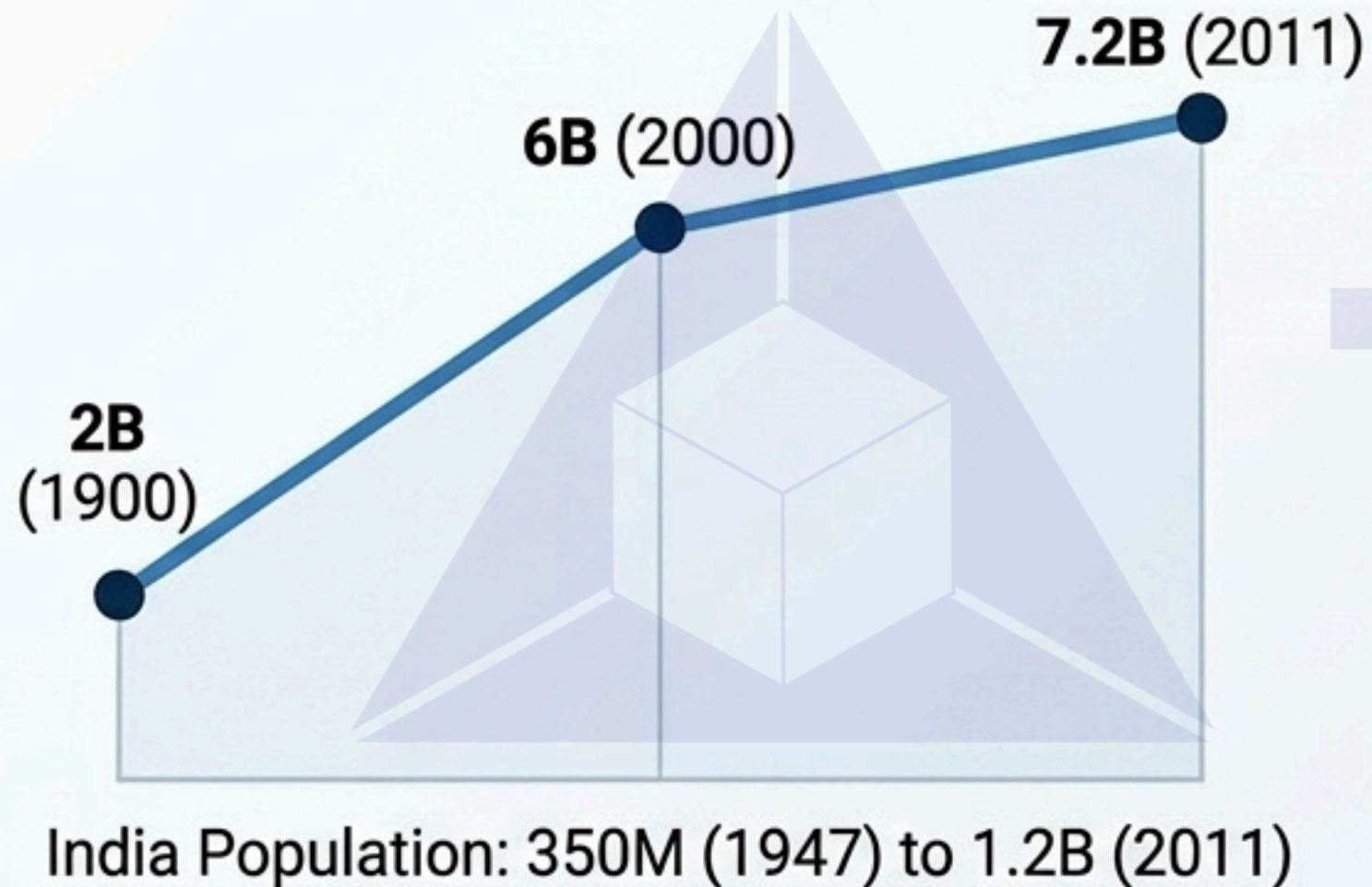
The WHO “PEBS” Framework for Total Reproductive Health



Exam Trap: Reproductive health is total well-being in all four aspects. Dropping one invalidates the definition.

Population Pressure and the Statutory Response

The Pressure

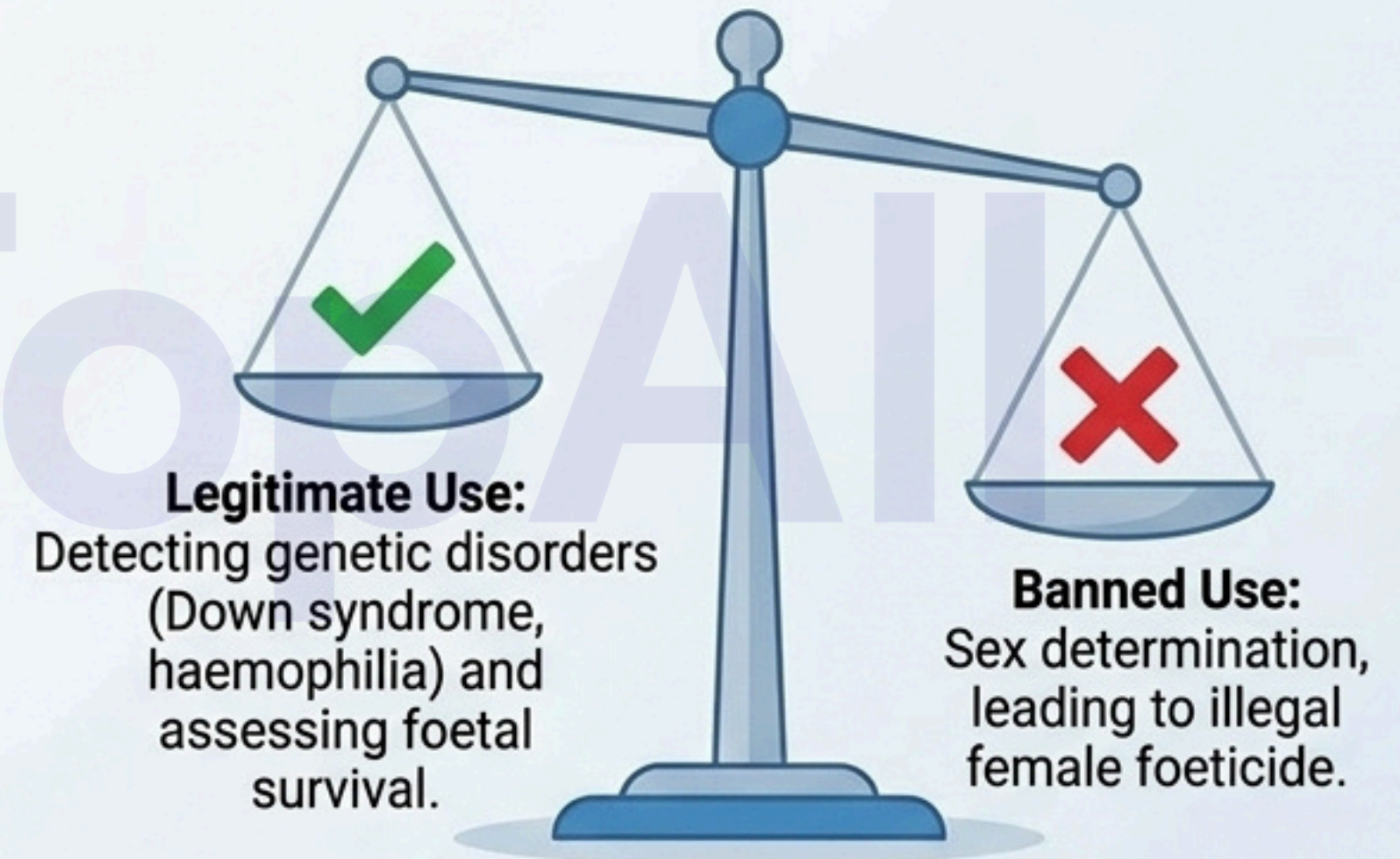


Legal Levers

Statutory marriage age raised to 18 (Female) and 21 (Male).

Amniocentesis: The Ethical Line

Amniocentesis: Sampling amniotic fluid to analyse foetal cells.



Common Mistake: Amniocentesis itself is NOT banned; only its misuse for sex determination is prohibited under the PCPNDT Act.



You've Learned the Theory. Let's Test Them Now.

$$E=mc^2$$



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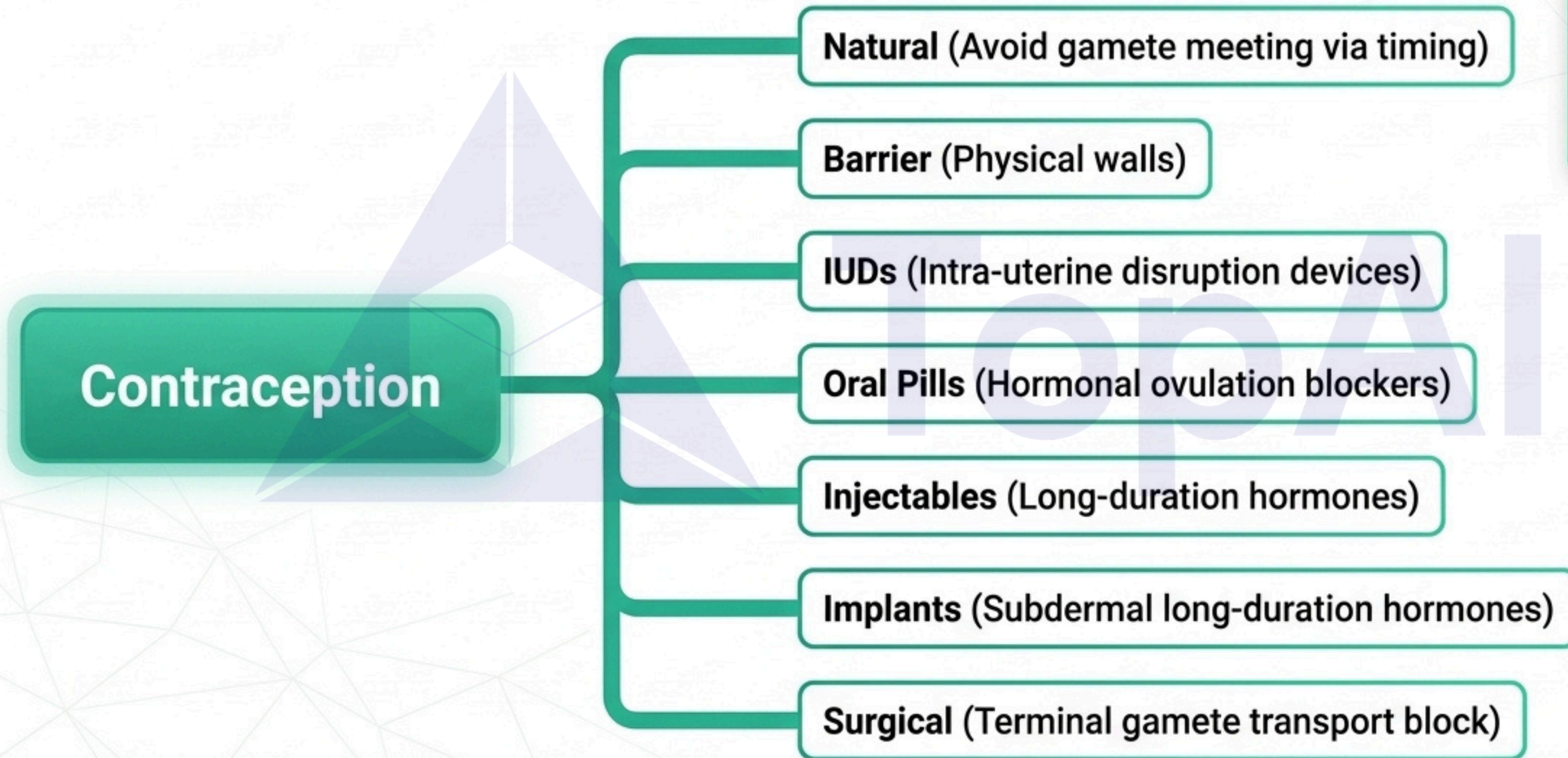
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The Master Contraceptive Decision Tree



The Ideal Contraceptive (U-E-E-R-N)

- ✓ User-friendly
- ✓ Easily available
- ✓ Effective
- ✓ Reversible
- ✓ No/least side effects

Barrier Methods and the Dual-Function Shield



Male Condom



Figure 3.1(a) Condom for male

Latex sheath covering the penis.
Popular brand: Nirodh.
Disposable and self-insertable.

The STI Shield

Condoms are the **ONLY** contraceptive that doubles as a shield against STIs and AIDS. This dual role makes them the absolute priority for public health campaigns.

Female Condom

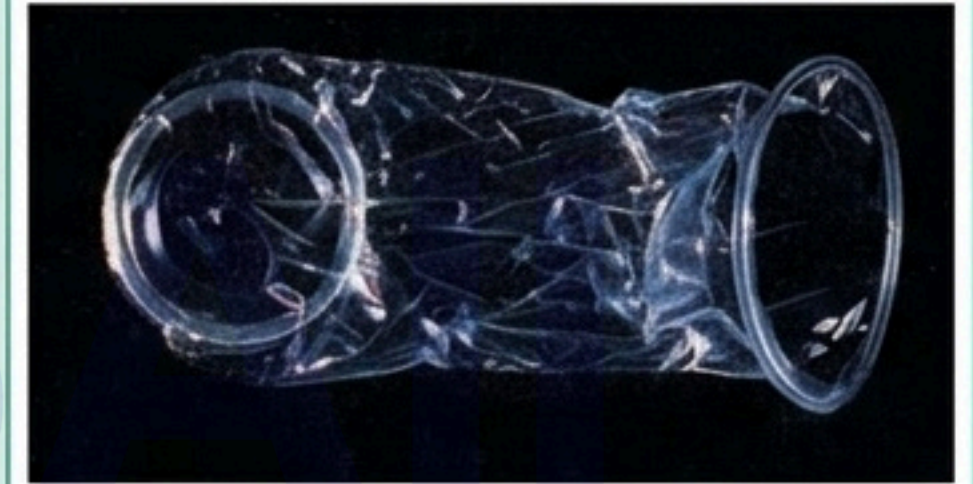


Figure 3.1(b) Condom for female

Latex sheath lining vagina/cervix.
Disposable and self-insertable.

Secondary Barriers: Diaphragms, cervical caps, and vaults are reusable rubber barriers for females, often paired with spermicidal creams/jellies as adjuncts.

IUD Mechanisms: The Compounding Gears

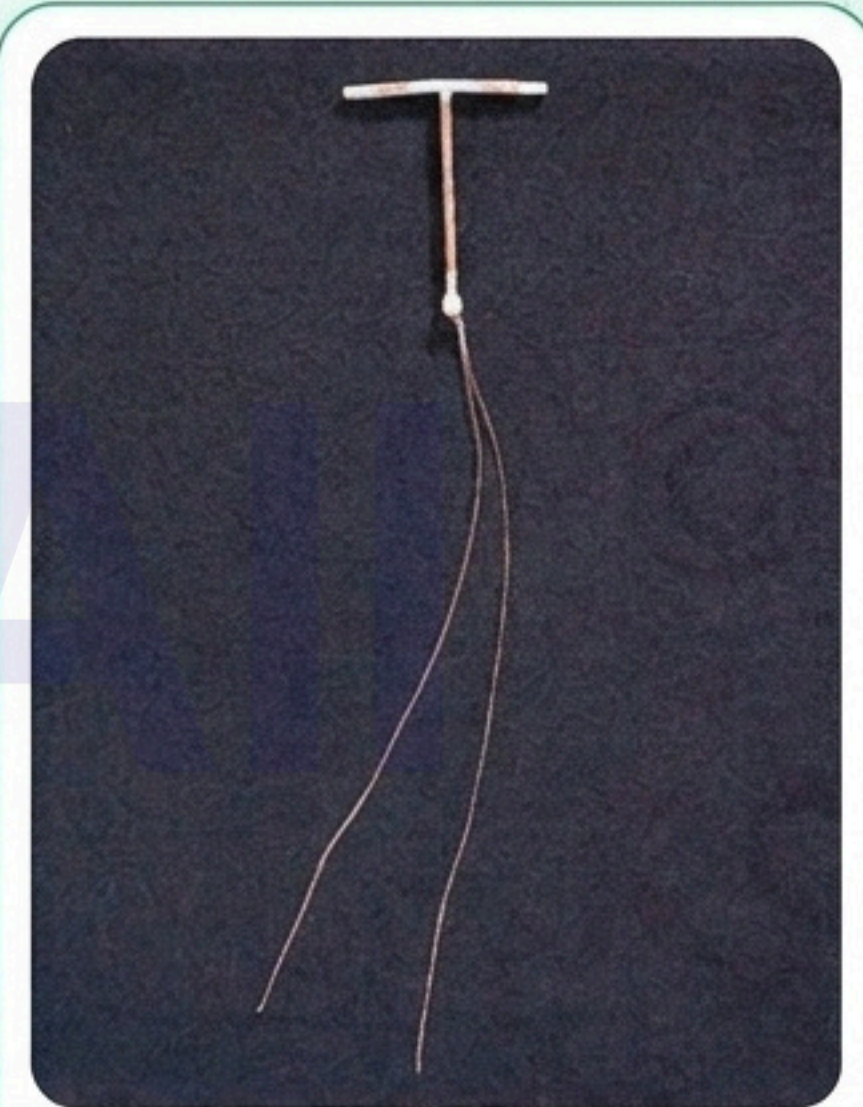
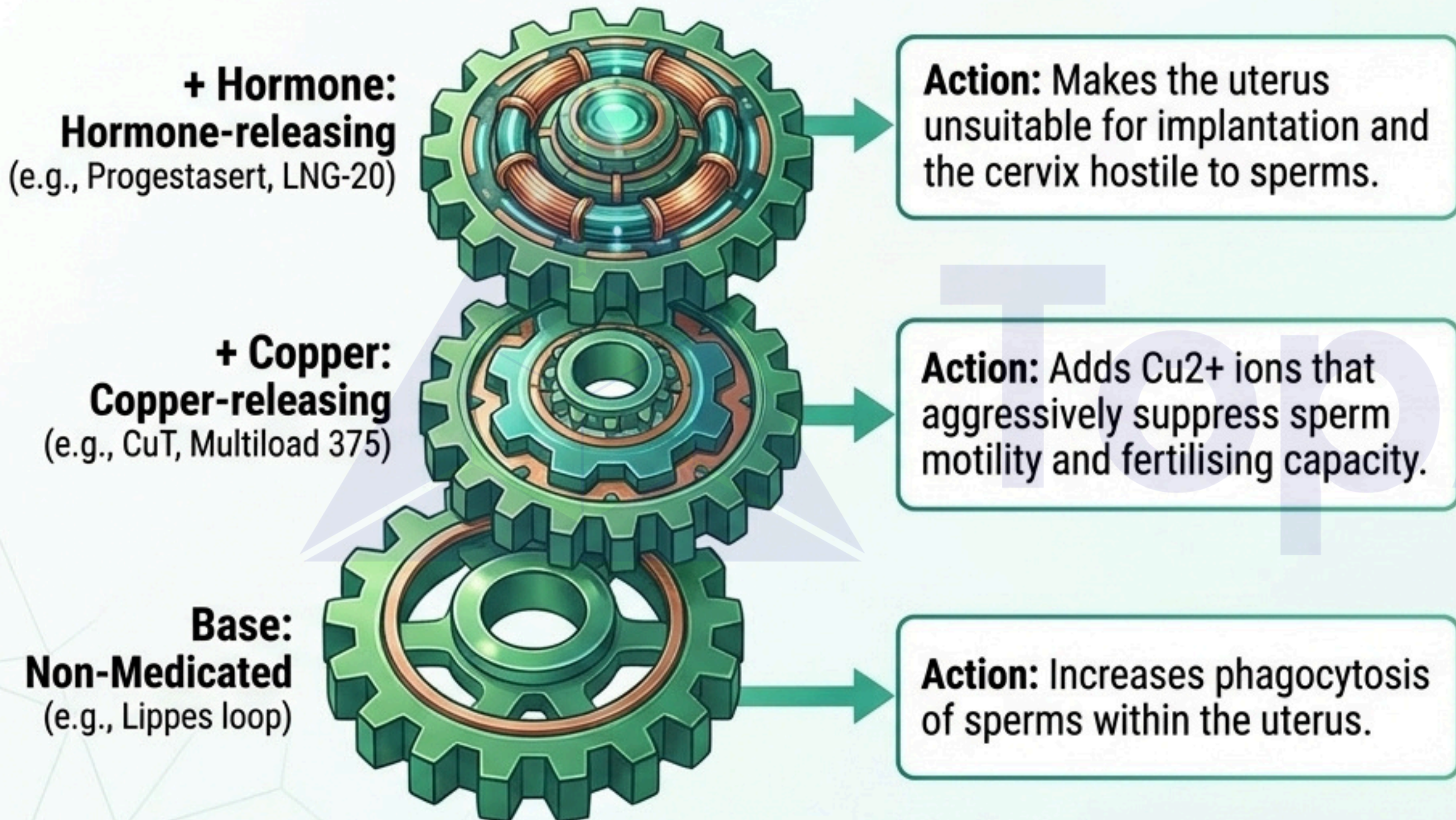


Figure 3.2. Copper T (CuT)

Inserted by doctors/nurses. Best suited for females looking to delay pregnancy or space children.

Hormonal Protocols and the 72-Hour Window

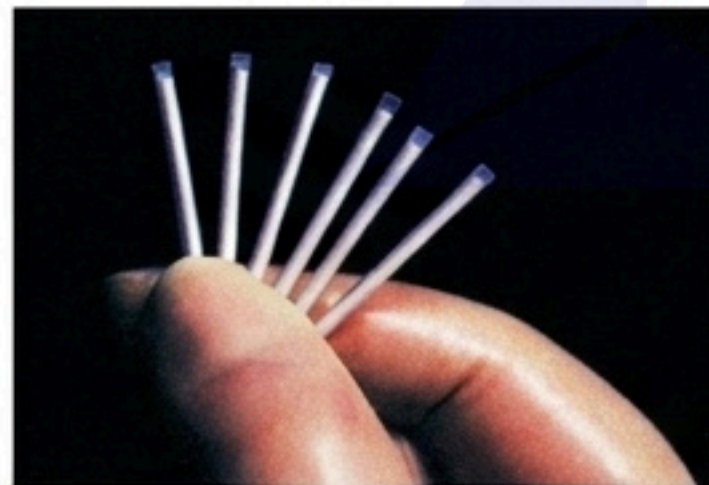
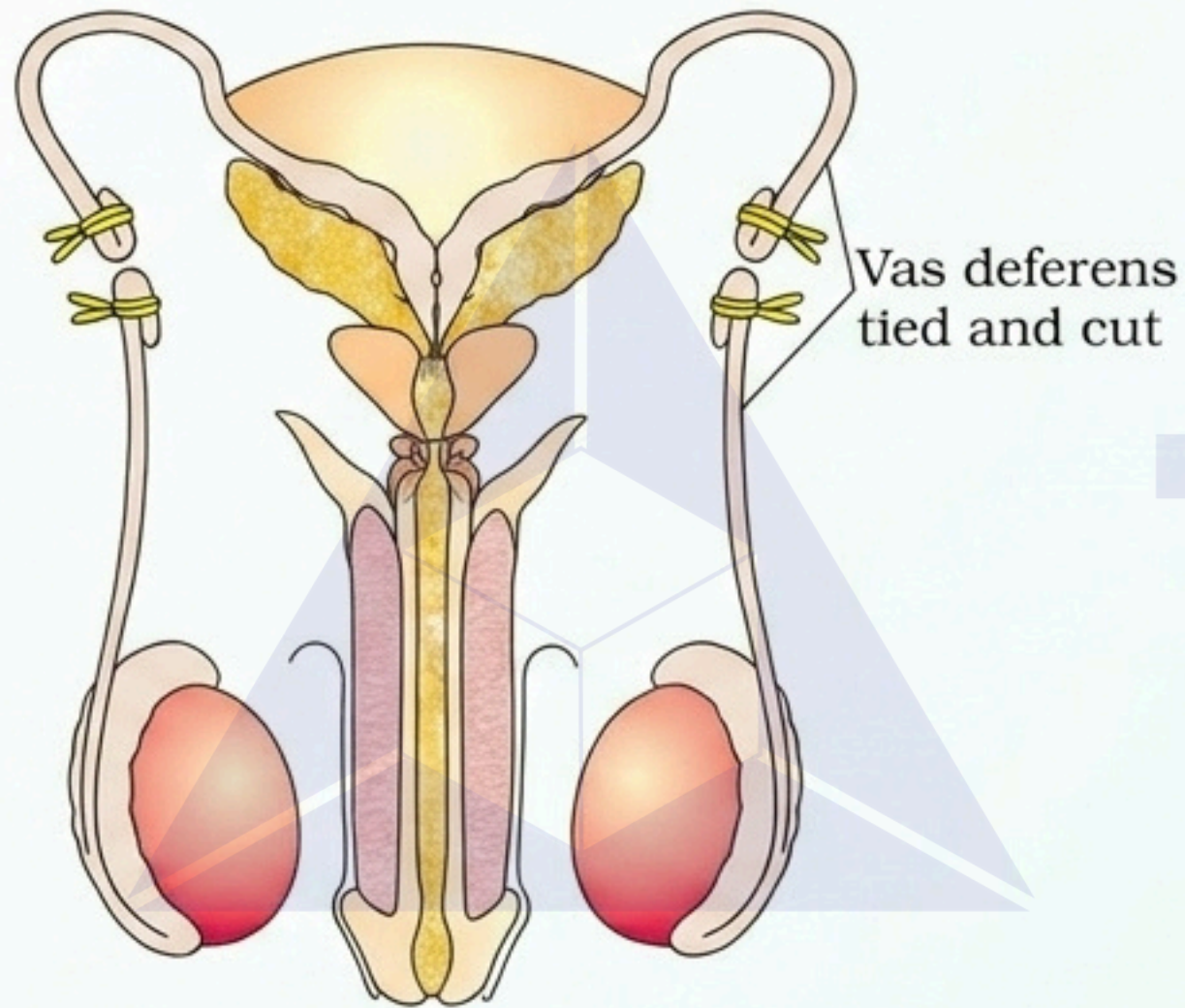


Figure 3.3 Implants

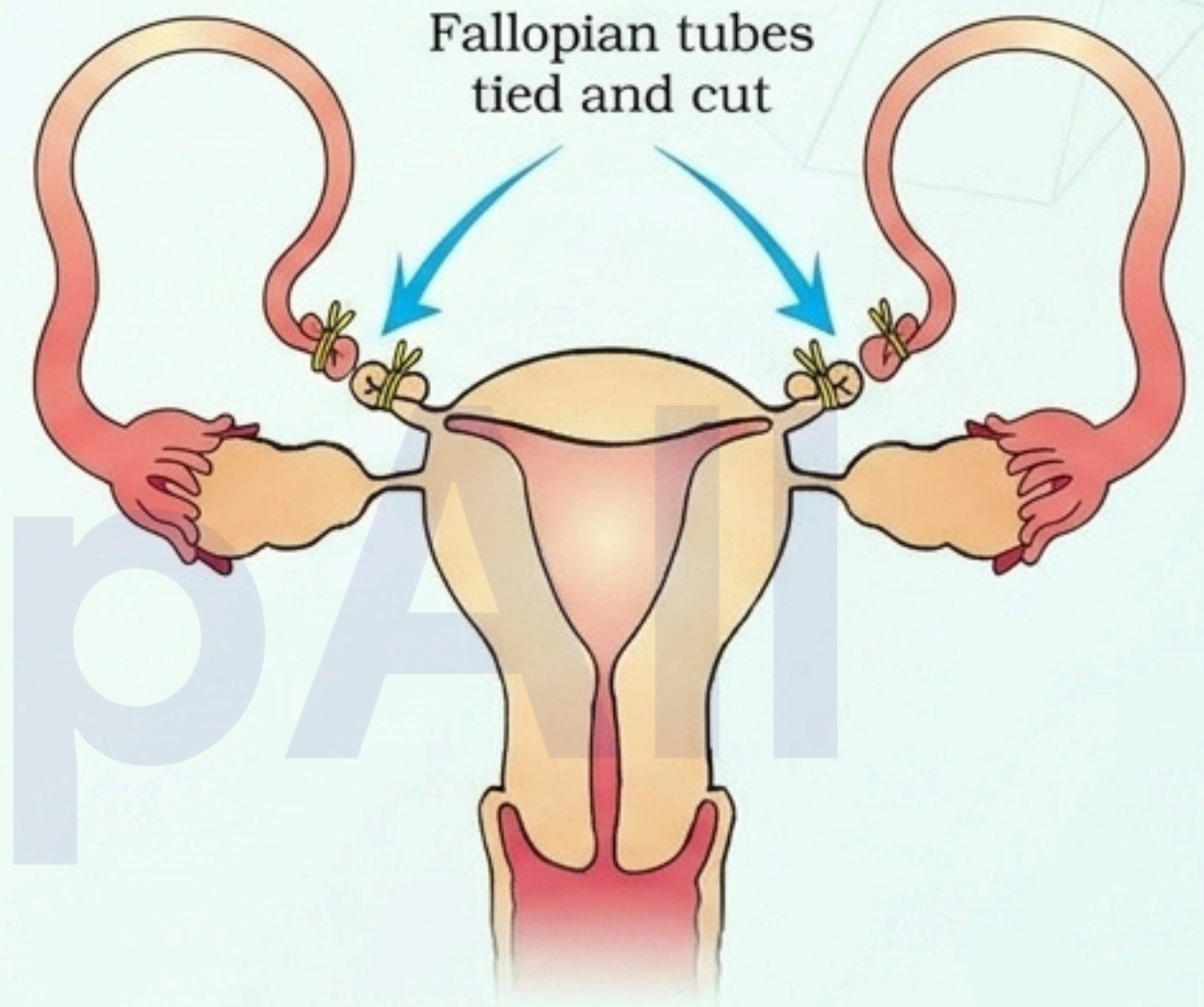


Warning: Emergency contraception is NOT a substitute for a daily method.

Surgical Methods: The Terminal Block



Vasectomy: Performed in the male. A small part of the vas deferens is tied and cut via a small scrotal incision, blocking sperm transport.



Tubectomy: Performed in the female. A small part of the fallopian tubes is tied and cut via an abdominal or vaginal incision, blocking ovum transport.

MTP Chronology and the Legal Framework



1971: The year the MTP Act was passed in India.

Scale: 45 to 50 million MTPs globally per year (approx. 1/5 of all pregnancies).

**First Trimester:
Relatively Safe**

**Second Trimester:
Much Riskier**

Not Permitted

0-12 weeks

13-24 weeks

>24 weeks

0 2 4 6 8 10 12 14 16 18 22 24 26 28

Green Zone:

Requires the opinion of 1
Registered Medical Practitioner
(RMP).

Requires 2 RMPs to agree in good
faith on legal grounds (risk to
(risk to mother or severe foetal
abnormality).



Clarification: Abortion (induced/intentional) is NOT equal to Miscarriage (spontaneous/unintentional).

The STI Curability Matrix

Curable (If detected early)	Incurable (The 3 'H's)
Gonorrhoea, Syphilis, Chlamydiasis, Trichomoniasis, Genital warts.	Hepatitis-B, Genital Herpes, HIV/AIDS.

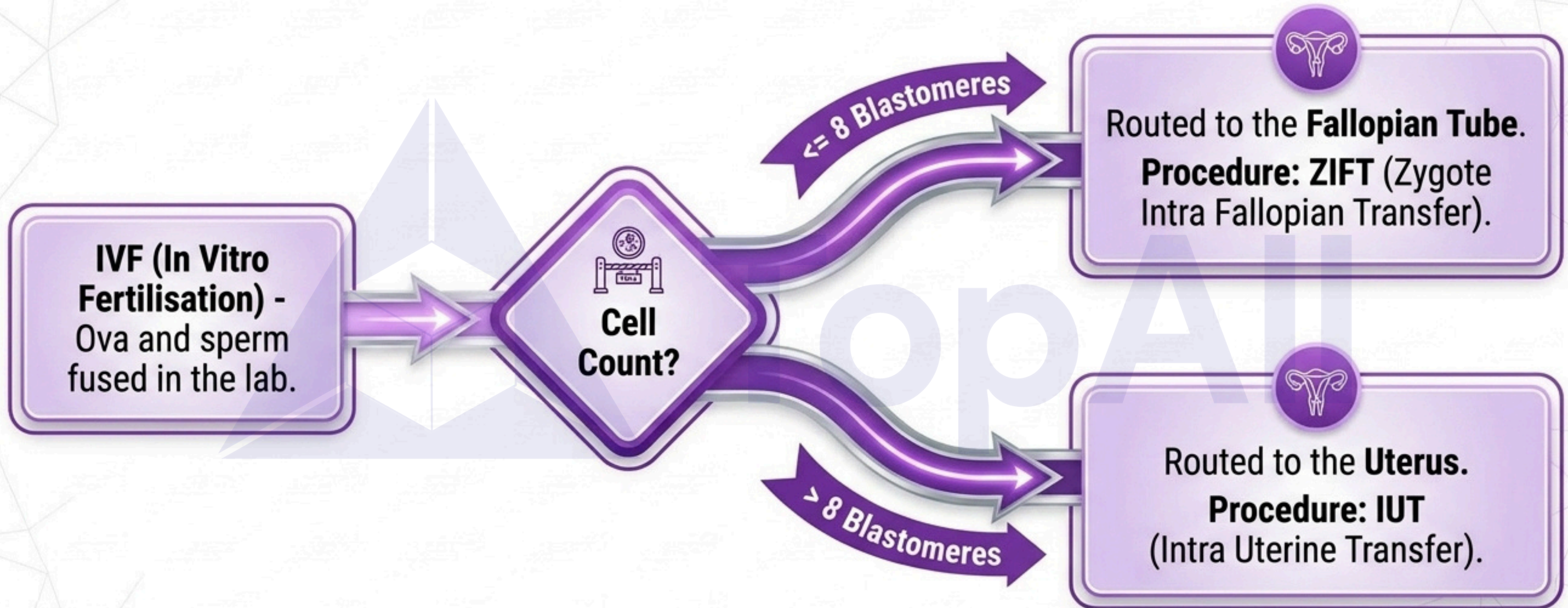
Non-Sexual Transmission Routes (Hep-B & HIV)

Sharing needles, surgical instruments, blood transfusions,
vertical transmission (mother to foetus).



Highest-incidence age group: 15 to 24 years. Many early infections in females are asymptomatic, leading to social stigma, delayed treatment, and severe complications like Pelvic Inflammatory Disease (PID) or infertility.

The 8-Blastomere Fork in the Road



This is an Embryo Transfer (ET) programme, colloquially known as the test-tube baby programme.

The ART Toolkit: In-Vivo Solutions

GIFT

GIFT (Gamete Intra Fallopian Transfer)

Problem: Female cannot produce an ovum but can support fertilisation/pregnancy.

Solution: Transfer a donor ovum directly into her fallopian tube.

ICSI

ICSI (Intra Cytoplasmic Sperm Injection)

Problem: Severe sperm motility or penetration issues.

Solution: A single sperm is injected directly into the ovum in the lab.

AI / IUI

(Artificial Insemination / Intra-Uterine Insemination)

Problem: Male partner has very low sperm count or poor insemination ability.

Solution: Semen (husband or donor) artificially introduced into the vagina (AI) or directly into the uterus (IUI).

The Data Dashboard: Critical Digits



1951

India launches Family Planning/RCH programmes.

1971

MTP legalised in India.

18 & 21

Statutory minimum marriage ages for female/male.

**Day
10-17**

The fertile period for periodic abstinence.

**72
Hours**

Maximum window for emergency contraception.

**12
Weeks**

The safe, first-trimester cut-off for MTP.

**15-24
Years**

Age demographic with highest STI incidence.

**8
Cells**

The blastomere cut-off between ZIFT and IUT.

The Acronym Decoder Ring



Policy & Pathology

RCH: Reproductive and Child Health Care

MMR / IMR: Maternal / Infant Mortality Rate

MTP: Medical Termination of Pregnancy

VD / RTI / STI: Venereal Disease / Repro Tract Infection / Sexually Transmitted Infection

PID: Pelvic Inflammatory Disease

Clinical & ART

IUD: Intra Uterine Device

ART: Assisted Reproductive Technology

IVF / ET: In Vitro Fertilisation / Embryo Transfer

ZIFT / IUT: Zygote Intra Fallopian Transfer / Intra Uterine Transfer

GIFT: Gamete Intra Fallopian Transfer

ICSI: Intra Cytoplasmic Sperm Injection

AI / IUI: Artificial Insemination / Intra-Uterine Insemination

Ultimate resolution: Where ART is inaccessible, legal adoption remains one of the best methods for parenthood.



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