



THE DOCTOR'S VISIT 2025

Dr. Saakshi Hegde

Indian School Al Wadi Al Kabir

DATE: NOVEMBER 23, 2025

DAY: Sunday

VENUE: Google Meet: Online mode only

TIME: 11:00 a.m. to 12:30 p.m.



Reproductive Health: Key Insights for Class 12

Introduction



Holistic Well-being
Physical, Mental, Social
Reproductive System
Informed Choices
Responsible Life

Core Aspects



Anatomy & Physiology
Puberty & Hormones
Contraception (Methods, Prevention)
STIs (Awareness, Prevention, Treatment)
Pregnancy & Childbirth
Reproductive Rights (Autonomy, Choice)

Important Considerations



Informed Consent
Relationships
Peer Pressure
Decision Making
Meeking Support



Peer Pressure
Body Image
Seeking Support

Action & Resources

Educate. Empower.

                    <img

Dr. Saakshi Hegde

MBBS (2024)

Dr. Saakshi Hegde is a dedicated and accomplished medical graduate who completed her MBBS from Father Muller Medical College, Kankanady, Mangalore, where she studied from 2019 to 2025 as part of the Graduating Class of 2024. Before entering the field of medicine, she completed her higher secondary education at Expert PU College, Valachil, Mangalore (2017–2019), and her foundational schooling at Indian School Al Wadi Al Kabir, Muscat, Oman (2005–2017).

Right from her school years, Saakshi consistently demonstrated academic excellence and a strong passion for the sciences. She secured 1st, 2nd, and 3rd prizes across various SOF Science and Mathematics Olympiads from Grades IV to VIII, and later earned the 2nd prize in the SOF English Olympiad during Class XI. Her commitment to learning was also reflected in her outstanding academic record at ISWK, where she received multiple Excellence/Merit Awards in Classes VIII to X, graduating with an exceptional CGPA of 10.0. Her journey reflects not just scholastic achievement, but also perseverance, curiosity, and a deep commitment to her chosen field.

As she continues forward in the medical profession, her strong academic foundation and early achievements stand as a testament to her dedication and growth.

Reproductive Health

Dr Saakshi Hegde

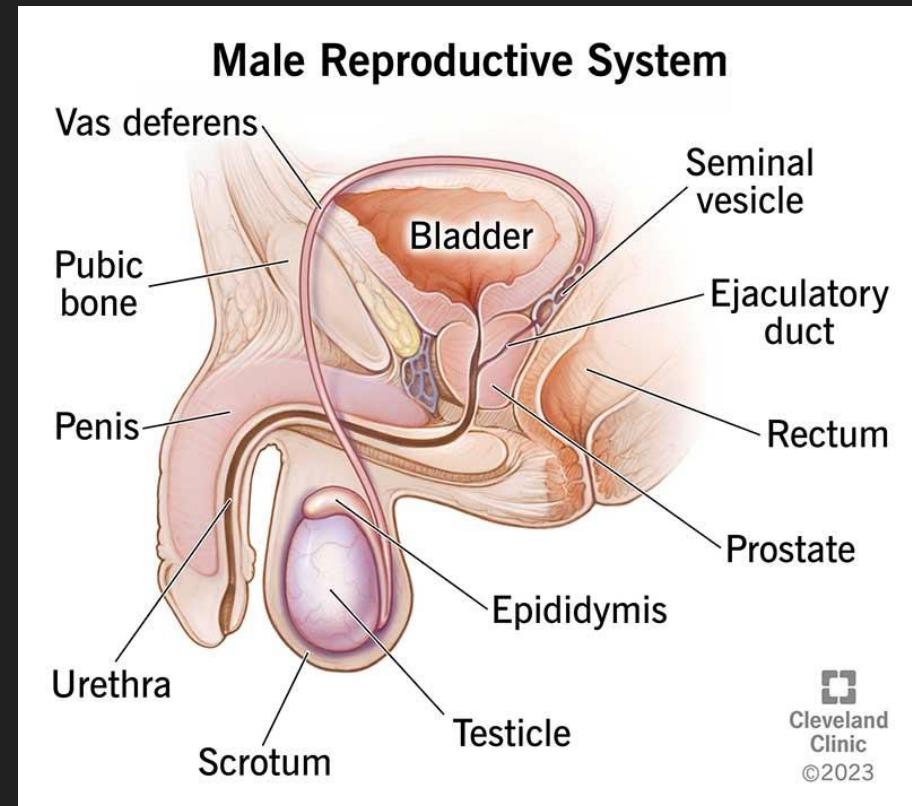
Overview/Outline

- Men's reproductive system
- Women's reproductive system
- Women's Health
- Personal Hygiene
- STI
- Contraception & Safe Sex
- MTP

Male Reproductive System: Anatomy

Most of the male reproductive system is on the outside of your abdominal cavity or pelvis. The external body parts include your penis, scrotum and testicles.

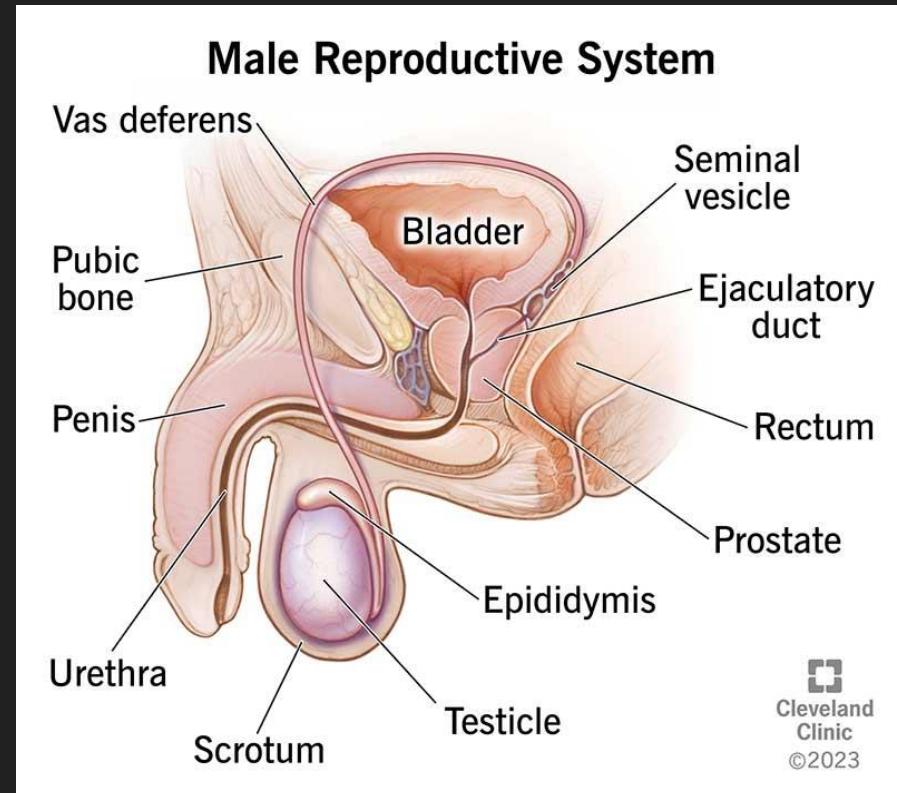
There are several internal (accessory) organs in the male reproductive system. These are: Vas deferens, ejaculatory ducts, urethra, seminal vesicles, prostate gland, bulbourethral (Cowper) glands.



Male Reproductive System: Functioning

The entire male reproductive system depends on hormones. Hormones are chemicals that stimulate or regulate activity in your cells or organs. The primary hormones that help the male reproductive system function include:

- Follicle-stimulating hormone (FSH). Your pituitary gland makes FSH. FSH is necessary to produce sperm (spermatogenesis).
- Luteinizing hormone (LH). Your pituitary gland also makes LH. LH is necessary to continue the process of spermatogenesis.
- Testosterone. Testosterone is the main male sex hormone. It helps you develop certain characteristics, including muscle mass and strength, fat distribution, bone mass and sex drive (libido).



Cleveland
Clinic
©2023

Female Reproductive System

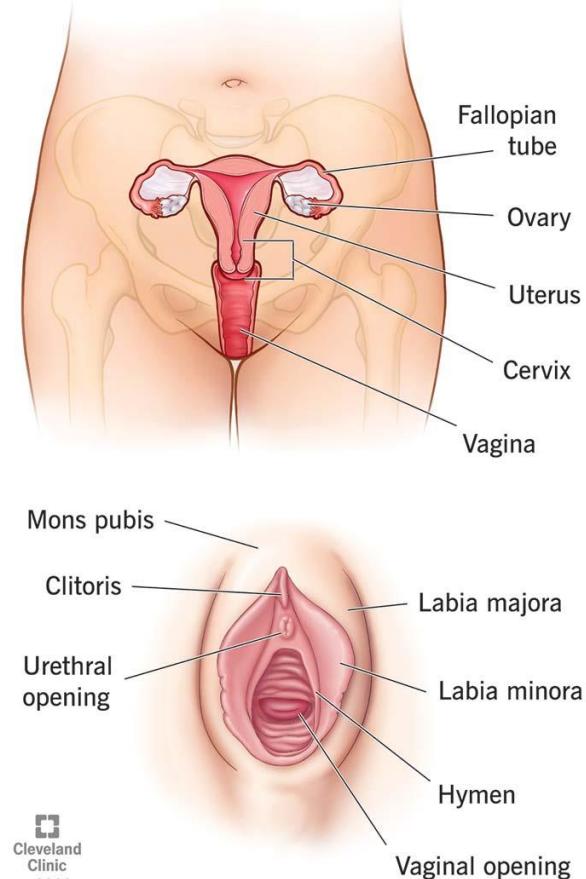
Your vulva is the collective name for all your external genitals. A lot of people mistakenly use the term “vagina” to describe all female reproductive parts. However, your vagina is its own structure located inside your body.

The main parts of your vulva or external genitals are: Labia majora, Labia minora, Clitoris, Vaginal opening, Hymen, and the opening to your urethra.

Internal parts: Vagina, Cervix, Uterus, Ovaries, Fallopian tubes.

Female reproductive system

Internal and external



Female Reproductive System

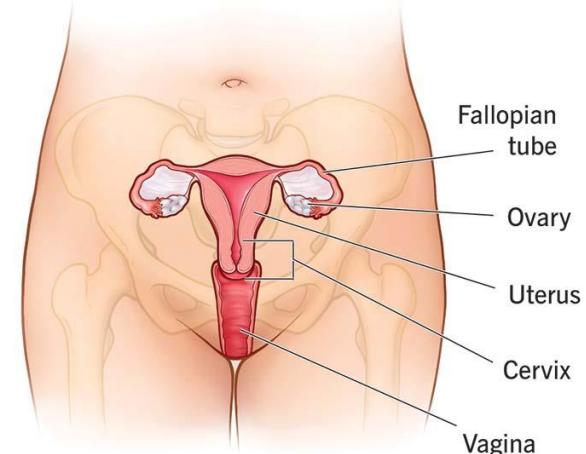
The function of your external genitals are to protect the internal parts from infection and allow sperm to enter your vagina.

The female reproductive system is the body parts that help you:

- Have sexual intercourse
- Reproduce
- Menstruate

Female reproductive system

Internal and external



Mons pubis

Clitoris

Urethral opening

Hymen

Labia majora

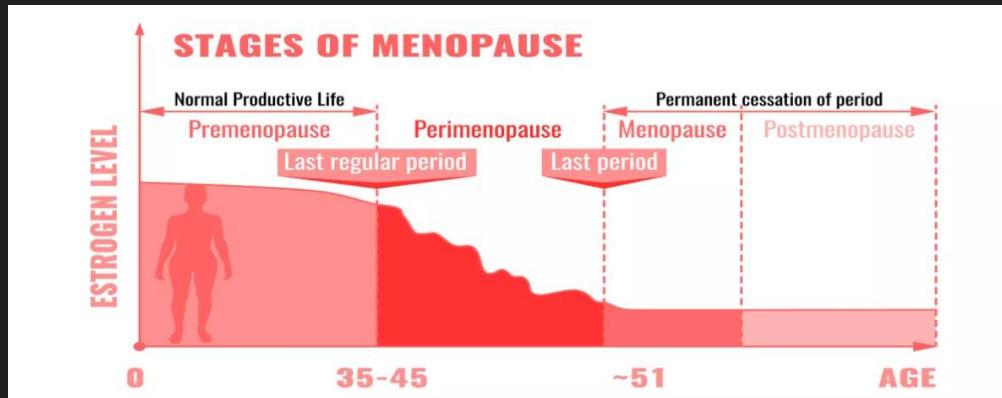
Labia minora

Vaginal opening

Reproductive System: Decline

During menopause, the female reproductive system (the ovaries) gradually stops making the female hormones necessary for the menstrual cycle to work. Menstrual cycles can become irregular and eventually stop. You're considered to be menopausal when you've gone an entire year without a menstrual period. This means a female can't have biological children any more.

In males, the testicles don't lose the ability to make hormones. Males may be able to make sperm well into their 80s or even longer. However, subtle changes in how your testicles function can happen when you're around 45. The changes can happen more dramatically after 70. For many males, hormone production remains normal into their 60s and longer.



External Genitalia Variation: Sexual Dimorphism Spectrum



Women's Health: Menstrual Issues (AUB)

Abnormal uterine bleeding (AUB) is a common medical condition experienced by approximately one-third of women in their lifetime. AUB is a broad term that describes irregularities in the menstrual cycle involving frequency, duration, and volume of flow outside of pregnancy.

Women's Health: Menstrual Issues (AUB)

Every woman's menstrual cycle is different.

- On average, a woman's period (menstrual flow) occurs every 28 days, although cycles may vary from 24 to 34 days.
- Menstruation flow normally last about 4 to 7 days.
- Young girls (adolescent) may get their periods anywhere from 21 to 45 days or more apart.
- Women in their 40s may start to have their period less often or have the interval between their periods decrease.

Women's Health: Menstrual Issues (AUB)

For most women, female hormone levels change every month. The hormones estrogen and progesterone are released as part of the process of ovulation. When a woman ovulates, an egg is released.

AUB is more common in teenagers or in premenopausal women. Women who are overweight also may be more likely to have AUB (due to mainly hormonal issues).

Women's Health: Menstrual Issues (AUB)

AUB can occur:

- As spotting or bleeding between your periods
- After sexual intercourse (vaginal)
- If your period goes on for more days than your normal period
- If your period is heavier than normal
- After menopause

It does not occur during pregnancy. Bleeding during pregnancy has different causes.

Women's Health: Menstrual Issues (AUB)

- AUB can lead to severe anemia and other medical complications and can significantly impact women's quality of life.
- If one is experiencing menstrual and pre-menstrual symptoms that makes it difficult for them to continue day-to-day tasks, or it's significantly beyond the normal parameters of duration, flow, frequency, and the passage of large clots, contact a trusted Ob/Gyn near you for a consultation. That incapacitating pain that you might experience during your menses might not be normal.
- Several medical and surgical therapies are available, and they are personalized depending on the acuity and severity of the AUB.

Personal Hygiene: General Rules

Do not smell bad in public. This is a request.



Personal Hygiene: General Rules

General rule of thumb:

- Regular brushing of teeth.
- Regular showers.
- Wash hands regularly before and after meals (duh).
- Keep your hair styled presentably — regular shampooing/washing of hair. Comb well if your hair type allows it.
- Men: Groom your beards. Shave/trim/maintain it well, keep it clean.
- Wear clean pair of clothes as much as possible — including and especially undergarments.
- Keep your undergarments in a clean, dry place.
- Wear masks while sick.

Personal Hygiene

If one cannot shower regularly: wash the essential areas — faces, armpits, chest region, genital regions, feet.

If one cannot brush their teeth regularly: use mouthwash. Chew gum that has xylitol as one of its contents (to delay the onset of cavities)

Deodorant and antiperspirants should be used on a clean body surface, else they trap the sweat and bacteria and will make one stink more.

NOTE: This is not a **REPLACEMENT** for the bare minimum personal hygiene, but when terrible times (especially bad mental health) strike, something is better than nothing.

Personal Hygiene: Women

Menstrual Products:

- Pads — Disposable and reusable (washable)
- Panty-liners
- Tampons — with or without applicators
- Menstrual Cups
- Period underwear (reusable/washable)



Personal Hygiene: Women

Disclaimer: Do not use soap INSIDE the vagina. The vagina is a self-cleaning organ.

Do not use “pH sensitive intimate washes” anywhere near your genitals (in or around).

Use water, or unscented/mild hypoallergenic soap to wash the area around the vulva, along with the folds and the area near the clitoral hood. Ensure that the smegma is cleaned out regularly. (Smegma is the buildup of combination of oils, skin cells, sweat and other fluids around your genitals — no, it's not male specific).

Use panty-liners if there's increased discharge. If concerned, contact your doctor.

Personal Hygiene: Men

General personal hygiene + regular genital hygiene.

Use water/unscented soap to clean the genital regions, around the skin folds, around the glans of the penis, remove the buildup of smegma regularly.

This advice is for everyone: wash your anal region and the folds regularly with soap. Do NOT insert any soap *inside* the anus. (Please).

Sexually Transmitted Infection

Sexually transmitted infections (STI) are infections or conditions that you can get from any kind of sexual activity involving your mouth, anus, vagina or penis.

There are several types of STIs. The most common symptoms are burning, itching or discharge in your genital area. Some STIs are asymptomatic, meaning you may not have any symptoms.

Sexually transmitted infections are highly contagious. If you're sexually active, you can have (and pass on) an STI without even knowing it.

STIs are serious illnesses that need treatment. Some, like the human immunodeficiency virus (HIV), have no cure and can be life-threatening without treatment.

Sexually Transmitted Infections

The most common types of STIs include:

- Chlamydia.
- Genital herpes.
- Gonorrhea.
- Hepatitis B.
- HIV/AIDS.
- (Genital warts) – Human papillomavirus (HPV).
- Pubic lice (crabs).
- Syphilis.
- Trichomoniasis (trick).
- Vaginitis.

Sexually Transmitted Infections: Symptoms

Symptoms of sexually transmitted infections vary by type. You might not have any symptoms. If you do have symptoms, they may appear around your genital region and could include:

- Bumps, sores or warts on or near your penis, vagina, mouth or anus. (Sometimes this can include mouth as well, in cases of orogenital contact).
- Swelling or severe itching near your penis or vagina.
- Discharge from your penis.
- Vaginal discharge that has a bad odor, causes irritation or is a different color or amount than usual.
- Vaginal bleeding that is not your period.
- Painful sex.
- Painful urination or frequent urination.

Sexually Transmitted Infections: Symptoms

In addition, you may also have symptoms throughout your body, including:

- A skin rash.
- Weight loss.
- Diarrhea.
- Night sweats.
- Aches, pains, fever and chills.
- Jaundice (yellowing of your skin and whites of your eyes).

Sexually Transmitted Infections: Causes

If you're sexually active, you're at risk of developing a sexually transmitted infection (sexually transmitted disease).

You can also get an STI if you share personal items like needles or blades that contain your blood. This may occur in the following instances:

- Unregulated tattoos.
- Unregulated piercings.
- Sharing needles while using intravenous drugs (substance use disorder).
- Unsafe blood transfusions (Very rare).

Sexually Transmitted Infections: Prevention (and cure?)

Abstinence from sex is the ideal primary prevention method.

Barrier methods of contraception is a great method to prevent most STIs that is spread from fluid contact, but it does not prevent pubic lice or genital herpes, nor is it a 100% effective.

Once sexually active, ensure that you get regularly tested.

Some STIs, if they are bacterial in origin, can be cured by antibiotics if they are caught at an earlier stage. Eg; Chlamydia, gonorrhea, syphilis, Trichomoniasis

Sexually Transmitted Infections: Prevention (and cure?)

Viral STIs (Herpes, HPV, Hepatitis B, HIV) do not have a cure —

- HIV/AIDS: Since AIDS is not curable, treatment focuses on keeping HIV levels in check. Antiretroviral drugs are the standard therapy for HIV infection, and usually patients will be given several drugs to take as ART, a so-called drug "cocktail."
- Genital herpes: Once you are infected with genital herpes, the virus remains in your body for life. After the first outbreak, herpes may flare up several times per year, but these episodes may lessen over time. Antiviral medication (such as Famvir, Valtrex, and Zovirax) can help reduce the length and severity of both the initial and subsequent herpes outbreaks.

Sexually Transmitted Infections: Prevention (and cure?)

- Genital warts (HPV): There is no standard of treatment for genital warts. Most genital warts will disappear without treatment, so your doctor may choose to do nothing. However, you will still carry the virus that causes warts and can still transmit it to sex partners. Best form of prevention is to — HPV vaccines.
- Hepatitis B: Prevention — HepB vaccine. The goal of hepatitis B treatment is to stop liver damage by preventing the virus from spreading. There are now five drugs approved for use in hepatitis B: adefovir, entecavir, interferon alpha, lamivudine, and pegylated interferon. If you develop significant liver damage from hepatitis B, a liver transplant may be necessary.

DID YOU KNOW?

30

DIFFERENT BACTERIA,
VIRUSES AND PARASITES
ARE KNOWN TO BE
TRANSMITTED THROUGH
SEXUAL CONTACT.

8

OF THESE ARE LINKED TO
THE GREATEST INCIDENCE
OF SEXUALLY TRANSMITTED
DISEASE.

4

OF THESE 8 ARE CURRENTLY
CURABLE: SYPHILIS,
GONORRHOEA, CHLAMYDIA
AND TRICHOMONIASIS.

4

ARE VIRAL INFECTIONS AND
ARE INCURABLE: HEPATITIS
B, HERPES SIMPLEX VIRUS
(HSV OR HERPES), HIV, AND
HUMAN PAPILLOMAVIRUS
(HPV).

Safe Sex and Contraception

Practicing safe sex is essential for promoting overall reproductive health. Understanding different protection methods and making informed choices can help individuals and couples maintain a healthy sexual life.

Key benefits include:

- Prevention of STIs: Using barrier methods and regular screenings help reduce transmission.
- Reduced Risk of Unplanned Pregnancy: Birth control methods provide reliable contraception.
- Improved Sexual Health: Safe sex encourages open communication and consent between partners.
- Overall Well-Being: Practicing safe sex supports both physical and emotional health.

An Ideal Contraceptive

Properties of an ideal contraceptive:

- User-friendly
- Easily available
- Effective
- Reversible
- No or least side effects
- Should not interfere with sexual drive

Contraception: Natural Methods

Fertility Awareness Methods (FAMs):

- FAMs are ways to track your menstrual cycle and fertile days so you can prevent pregnancy. FAMs are also called "natural family planning" and "the rhythm method."
- There are a few different FAMs that help you track your fertility signs. You can use 1 or more of these methods to predict when you'll ovulate:
 - The Temperature Method: you take your temperature in the morning every day before you get out of bed.
 - The Cervical Mucus Method: you check your cervical mucus (vaginal discharge) every day.
 - The Calendar Method: you chart your menstrual cycle on a calendar.
- It's most effective to combine all 3 of these methods. When used together, they're called the symptothermal method.

Contraception: Natural Methods

Fertility Awareness Methods (FAMs):

- FAMs are about 77%–98% effective. That means 2–23 out of 100 couples who use FAMs will get pregnant each year, depending on which method(s) are used.
- FAMs are cost effective, but have a higher rate of failure.

Contraception: Natural Methods

Withdrawal/Coitus Interruptus/Pull-out method:

- Withdrawal is pulling the penis out of the vagina before ejaculation. If semen gets in a vagina, one can get pregnant. So ejaculating away from a vulva or vagina prevents pregnancy. But one must pull out before any semen comes out, every single time vaginal sex takes place, in order for it to work.
- Withdrawal works best when you use another birth control method with it, like a condom.
- While withdrawal can prevent pregnancy, it doesn't protect against STDs. Some STDs, like genital warts and herpes, are spread through skin-to-skin contact. And STDs like chlamydia, syphilis, or gonorrhea can be carried in pre-ejaculate.

Contraception: Natural Methods

Withdrawal/Coitus Interruptus/Pull-out method:

- If one uses withdrawal for birth control, they should think about keeping emergency contraception (aka the morning-after pill) in your medicine cabinet, just in case ejaculate gets in or near the vagina.
- Emergency contraception can prevent pregnancy for up to 5 days after unprotected sex.
- In real life, about 22 out of 100 people who use withdrawal get pregnant every year — that's about 1 in 5.
- Withdrawal isn't as effective as other types of birth control, but it's definitely better than not using anything at all.

Contraception: Natural Methods

Outercourse/Abstinence:

- For most people, abstinence means not having sex with anyone. Sometimes people use abstinence as birth control to prevent pregnancy
- For some people, abstinence means not doing ANY kind of sexual stuff with another person, including vaginal, oral, and anal sex.
- For other people, abstinence only means not having vaginal sex, but other sexual activities are allowed. You can decide what abstinence means to you.
- Outercourse is other sexual activities besides vaginal sex.
- Abstinence is 100% effective as long as you're actually abstinent.

Contraception: Natural Methods

Breastfeeding/Lactational Amenorrhea:

- When a mother exclusively breastfeeds — meaning she nurses at least every 4 hours during the day and every 6 hours at night, and feeds her baby only breast milk — her body naturally stops ovulating. One can't get pregnant if they don't ovulate.
- Breastfeeding won't prevent pregnancy if the baby is fed anything other than breast milk.
- So if you breastfeed but also use formula, LAM isn't a great birth control method for you. It also doesn't work if you use a breast pump — you need to nurse your baby if you want your breastfeeding to prevent pregnancy.

Contraception: Natural Methods

Breastfeeding/Lactational Amenorrhea:

- When done perfectly, the LAM birth control method can be about as effective as hormonal contraceptives (like the pill). About 2 out of 100 people who use breastfeeding as birth control get pregnant in the 6 months it can be used after a baby is born.
- Still, because of improper use, there is a high failure rate of this method.
- Breastfeeding can only be used as birth control for the first 6 months of a baby's life, or until period returns. After that, breastfeeding is way less effective — especially as the baby begins to eat solid foods and sleeps longer at night.

Contraception: Barrier Methods



Condoms:

- Condoms are small, thin pouches that cover the penis during sex and collect semen. Condoms prevent pregnancy by stopping sperm from getting into the vagina, so sperm can't meet up with an egg. Some types of condoms also help prevent STDs.
- For sexually active people, condoms are the only way to protect against STDs. They can also prevent pregnancy.
- While condoms greatly reduce your risk for pregnancy and STDs, they aren't a foolproof solution. There is no type of condom that prevents pregnancy or STDs 100% of the time.
- There are 3 types of condoms in terms of material: latex condoms, plastic (non latex) condoms, and lambskin (animal skin) condoms.

Contraception: Barrier Methods

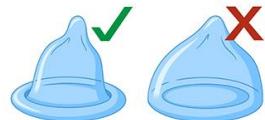
Condoms:



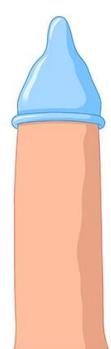
- Types of condoms:
 - External (male condoms): go over the penis to collect ejaculation fluids.
 - Internal (female condoms): goes inside the vagina to keep sperm from entering the uterus. A soft, flexible ring attached to the condom stays outside the vagina for easy removal. May not be as effective as external (male) condoms in preventing STDs.
 - Dental dams: Thin latex or polyurethane sheets serve as a barrier between a person's mouth and a partner's genitals or anus during oral sex. Dental dams reduce risk of STDs such as oropharyngeal HPV.
 - Finger condoms: Sometimes called finger cots, finger condoms are for engaging in sexual penetration with your fingers.

Condoms

External / male condoms



- 1 Check the expiration date. Carefully tear open one end of the condom package.
- 2 Make sure the condom is placed rolled side out.



- 3 Place the unrolled condom on the head or tip of the erect penis. Leave 1/4 inch of room at the tip.
- 4 Squeeze the air out of the top to form an empty nipple to collect the sperm.
- 5 Unroll the condom all the way to the base of the penis.



Contraception: Barrier Methods

Other types of barriers:

- Cervical caps: It is a little cup made from soft silicone and shaped like a sailor's hat. One puts it deep inside the vagina to cover the cervix. In order for it to work best, it must be used with spermicide (a cream or gel that kills sperm). 71-86% effective.
- Diaphragm: is a form of birth control that's a shallow cup shaped like a little saucer that's made of soft silicone. Bend it in half and insert it inside the vagina to cover the cervix. helps you prevent pregnancy. It works as a barrier that covers the cervix, stopping sperm from joining an egg. In order for a diaphragm to work best, it must be used with spermicide. 83% effective.

Contraception: Barrier Methods

Other types of barriers:

- Birth control sponge: The birth control sponge is a small, round sponge made from soft, squishy plastic. One puts it deep inside the vagina before sex. The sponge covers the cervix and contains spermicide to help prevent pregnancy. Each sponge has a fabric loop attached to it to make it easier to take out. 78-86% effective.





Contraception: IUD

- An intrauterine device (IUD) is a type of birth control a healthcare provider inserts into your uterus. It's a small piece of flexible plastic shaped like a T. Once an IUD is inserted, you don't have to worry about birth control until it's time to replace it (three to 10 years, depending on the brand).
- IUDs are divided into 2 types:
 - hormonal IUDs.
 - copper IUDs
- Both copper IUDs and hormonal IUDs prevent pregnancy by changing the way sperm cells move so they can't get to an egg.
- 99% effective.



Contraception: IUD

Copper IUDs:

- Copper IUD has a thin copper wire that coils around the stem part of the “T.” The stem ends in a smooth ball that prevents your cervix from getting punctured when your provider inserts your IUD.
- Copper IUDs heighten the inflammatory response, causing the uterine lining (endometrium) to become inflamed. Even if sperm were to fertilize an egg, the uterine lining would make it difficult for a fertilized egg (embryo) to implant there and develop.



Contraception: IUD

Hormonal (levonorgestrel) IUDs:

- The top part of the “T” contains the progestin hormone levonorgestrel, which flows through the stem.
- Progestins are a synthetic version of progesterone, a hormone that occurs naturally in your body.
- These release small amounts of the progestin hormone levonorgestrel over time.
- Levonorgestrel thickens your cervical mucus, making it harder for sperm to swim to your fallopian tubes. It also thins your uterus lining and partially suppresses your ability to release an egg during your menstrual cycle.

Contraception: Oral Contraceptives

- Birth control pills are a type of contraception that's 99% effective at preventing pregnancy when taken consistently every day.
- The pill contains hormones that regulate menstruation, decrease PMS symptoms, lower the risk of ovarian and uterine cancers, improve acne and treat endometriosis.
- The hormones in the pill safely stop ovulation. No ovulation means there's no egg for sperm to fertilize, so pregnancy can't happen.
- The pill's hormones also thicken the mucus on the cervix. This thicker cervical mucus blocks sperm so it can't swim to an egg.

Contraception: Oral Contraceptives

There are two types of birth control pills:

- Combination pills: contain estrogen and progestin. This is the most common type.
- Progestin-only pills: also called “the minipill.” They may be better if you’re breastfeeding or have a history of clots in your legs or lungs (venous thromboembolism) or stroke and shouldn’t take estrogen.
- The morning-after pill is a type of birth control you can take in emergency situations when you’re not using typical birth control, and you’re at risk of pregnancy. The morning-after pill works differently from birth control pills.

Contraception: Birth Control Implant

- The birth control implant is a tiny, thin rod about the size of a matchstick.
- A doctor inserts the implant under the skin of the upper arm. It releases the hormone progestin to stop from getting pregnant.

The hormones in the birth control implant prevent pregnancy in two ways:

- Progestin thickens the mucus on the cervix, which stops sperm from swimming through to the egg.
- Progestin can also stop eggs from leaving the ovaries (called ovulation), so there's no egg to fertilize.
- The implant lasts for a long time — up to 5 years — but it's not permanent.
- 99% effective. Does not prevent STDs.



Contraception: Male Sterilisation

- A vasectomy is a simple surgery done by a doctor in an office, hospital, or clinic.
- A vasectomy blocks or cuts each vas deferens tube, keeping sperm out of semen. Sperm cells then stay in testicles and are absorbed by the body.
- The procedure is very quick, and one can go home the same day.
- It's extremely effective at preventing pregnancy — almost 100%.
- Vasectomies are meant to be permanent and have poor reversibility.



Contraception: Female Sterilisation

There are a few different types of female sterilization procedures:

- Tubal ligation is a surgical procedure that permanently closes, cuts, or removes pieces of the fallopian tubes.
- Bilateral salpingectomy is a surgical procedure that removes the fallopian tubes entirely.
- Hysterectomy is a surgical procedure where the entire uterus (with or without the fallopian tubes and the ovaries) are removed from the body.
- A laparoscopic tubal ligation is less invasive because it leaves a smaller incision and has a shorter recovery time. A mini-laparotomy is slightly more invasive than laparoscopy and typically performed just after giving birth. The most major tubal ligation surgery is a laparotomy because it involves making a large incision across your abdomen.
- Sterilization is permanent. 99% effective.

Medical Termination of Pregnancy (MTP)

- Abortion is the common term used for the procedure to end a pregnancy so that it does not result in the birth of a child. It is also called 'termination of pregnancy.' When abortion is done using certain medicines it is called medical termination of pregnancy (MTP).
- The most common medications used for this purpose are two pills of mifepristone and misoprostol. Mifepristone blocks the hormone required for pregnancy (progesterone) while misoprostol induces cramping and bleeding to empty the uterus contents.
- Usually, a gynaecologist will recommend this if the pregnancy is up to the first trimester. Beyond the first trimester, medical termination of pregnancy or surgery (Dilation and Curettage – D & C) is recommended.

What are the reasons for doing MTP?

MTP may be done for specific reasons including:

- Pregnancy posing risk to the mother's life or High-risk pregnancy
- Presence of foetal or genetic abnormalities
- Completion of a miscarriage
- Unwanted pregnancy

The situation leading up to termination is different for everyone. Getting an abortion is a major decision that can affect the mother's mental and physical health. Consult your doctor and talk to trusted friends or family members before taking the big step.

How Is Abortion (Both Medical & Surgical) Done?

Abortion or MTP may be done in two different ways, depending on the gestational age:

- Medical Abortion—This procedure is done early in the pregnancy (before 9 weeks), where you are advised to use certain medicines for termination. You will be given an MTP kit with oral medications. After a week of taking the MTP tablet, your doctor will do a detailed examination to ensure a complete abortion.

How Is Abortion (Both Medical & Surgical) Done?

- Surgical Abortion—When the pregnancy has gone beyond 9 weeks, it may be terminated through surgery. There are two types of surgical abortion:
 - Suction Method, which can be done up to 15 weeks which takes about 5-10 minutes from start to end.
 - Dilatation and Evacuation (D & E) Method, which can be carried out after 13 weeks of pregnancy weeks which takes about 15-30 minutes from start to end.

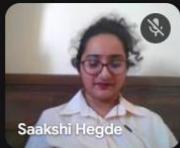
MTP

- Abortion can be done by a registered medical practitioner when the pregnancy does not exceed 12 weeks and up to a gestational period of 20 weeks, under the supervision of two registered medical practitioners.
- In all circumstances, the abortion has to be conducted with the consent of the pregnant woman.
- In 2002, an amendment was made to the 1971 Act to allow the usage of abortion pills after advice of a doctor.
- Under the MTP (Amendment) Act, 2021, the upper limit for abortion was increased from 20 to 24 weeks. But this will be allowed only under specific circumstances.

References

1. Shaw's Textbook of Gynaecology, 17th ed.
2. NCERT Class XII Biology Textbook, ch2, ch 3.
3. <https://my.clevelandclinic.org/health/body/9117-male-reproductive-system>
4. <https://my.clevelandclinic.org/health/articles/9118-female-reproductive-system>
5. https://www.who.int/health-topics/sexual-health#tab=tab_2
6. <https://my.clevelandclinic.org/health/diseases/9138-sexually-transmitted-diseases--infections-stds--stis>
7. <https://www.who.int/news-room/feature-stories/detail/four-curable-sexually-transmitted-infections---all-you-need-to-know>
8. <https://www.webmd.com/sexual-conditions/std-treatments>
9. <https://www.plannedparenthood.org/learn/birth-control>
10. <https://my.clevelandclinic.org/services/birth-control-care>
11. <https://www.motherhoodindia.com/specialties/gynecology/medical-termination-of->

Thank You.



Saakshi Hegde



ELSA | ISWK



Agnes Aranha



NISHTHA UMMA...



JECINTAS | ISWK



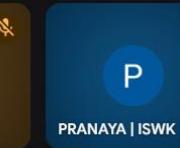
SHAHZAD | ISWK



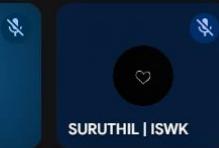
HoD Science | IS...



MOHAMMED FA...



PRANAYA | ISWK



SURUTHIL | ISWK



ABISHEK | ISWK



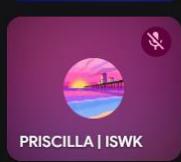
JASPER BRIGHT |...



MOHAMMAD AM...



SAIRAVAL | ISWK



PRISCILLA | ISWK



MAHEK | ISWK



SAMREENS | ISWK



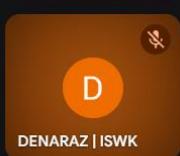
NOELJIJI | ISWK



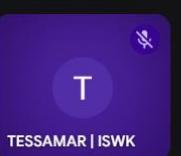
NORASHOJ | ISWK



SWATHIRA | ISWK



DENARAZ | ISWK



TESSAMAR | ISWK



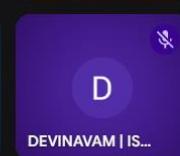
ENOCHJOS | ISWK



SARARAIC | ISWK



Safa Sherin



DEVINAVAM | IS...



SURAIYAF | ISWK



PHILOED | ISWK



Rizan K



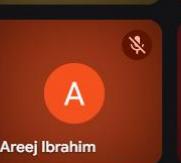
RUHIKACH | ISWK



AAFAIMR | ISWK



MAYUKHAM | IS...



Areej Ibrahim



AREEBAHF | ISWK



ARDRABIJ | ISWK



Gouri



RANJANA SANG...



SREEJA A



33 others



AVP Secondary...



Biology is the study of
complicated things that give the
appearance of having been
designed for a purpose.

