

Ensuring that your pregnancy is not an unwelcome surprise

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Shocked you got pregnant? You might have the wrong idea about your fertility or the contraceptive method you are using. — AFP

During the initial introduction of lockdowns and working from home (WFH), there arose wry speculation that the increase in “idle time” spent in close proximity would inadvertently lead to couples indulging in more sensual rendezvous, resulting in a “Coronial Boom” (i.e. a boom in babies born during the Covid-19 pandemic).

However, with the prolonged socioeconomic consequences of the pandemic, the converse is likely to be true.

There exists a logical and intuitive correlation between catastrophe and birth rates.

Minor catastrophes, such as a night of temporary electrical blackout or a minor weather warning, may trigger idle bodies to explore romantic pursuits, culminating in small birth spikes nine months later.

However, major catastrophes, especially those that disrupt normal livelihoods and gravely impact the economy, have instead rather consistently reflected a decline in birth rates nine months after the sentinel event.

Recent epidemics such as the 2002 SARS (severe acute respiratory syndrome) outbreak in Hong Kong and the 2015 Zika outbreak in Brazil, have both reflected this short term depression of birth rates, or a “pregnancy pause”.

Covid-19 continues to permeate almost every facet of our daily lives, despite unprecedented global measures undertaken to “flatten the curve”. The constant donning of face masks, physical distancing and daily constraints under the various movement control orders (MCOs) are part of the new norm we have all grown accustomed to.

In the midst of this pandemic, many couples are considering delaying conception until the spread and threat of Covid-19 is deemed to be under control. Conceiving and raising an additional child is a commitment many can scarce afford to undertake at present.

Yet, are these couples actively planning against unplanned pregnancies?

Far too often, unsuspecting couples appear genuinely confounded when pregnancies quite naturally arise as a consequence of unprotected sexual intercourse.

Debunking myths



To ensure that every child is wanted, couples should plan their families with the aid of contraception. —

123rf.com

Here are the top eight conception myths in the form of the question “How can I get pregnant if...”:

> ... I only had sexual intercourse once?

It should come as no surprise to most that a single sexual encounter is indeed sufficient for a woman to conceive.

Yet, in a local survey conducted in 2015, one in three female adolescents seemed bewildered by this fact.

> ... I'm already “so old”?

Although fertility does decline with age, women can continue to conceive until menopause, which is the cessation of periods for more than a year.

In Malaysia, the average age of menopause is around 51.

However, many Malaysian women stop practising contraception in their 40s, erroneously believing that they are no longer fertile.

> ... I'm still breastfeeding?

Breastfeeding is an effective method of contraception (known as the Lactation Amenorrhoea Method) during the first six months after delivery, if a woman is exclusively breastfeeding and has not had periods after delivery.

Should any of these three conditions not be met, a woman can conceive even while breastfeeding.

> ... my partner doesn't ejaculate inside me?

Coitus interruptus, or withdrawal, remains a rather popular choice of contraception in Malaysia with one in 10 couples practising it.

Yet, the chances of conception with this method are significant.

In a virile male, a single drop of pre-ejaculate contains many active sperm, with conception only requiring one healthy, motile sperm to unite with the woman's egg. Besides, during the throes of passion, enforcing a premature withdrawal can prove to be a monumental task.

> ... I'm on the rhythm/calendar method and my periods are regular?

This is another common contraceptive choice amongst Malaysians.

However, about one in four women using this method will conceive every year. It is likely that many who purport to be on this form of contraception are not practising it appropriately.

Before relying on the rhythm method, a woman must first chart her menstrual cycles for a period of at least three months.

Then, to calculate her fertile period, 10 days must be subtracted from the longest cycle (the interval between the first day of one period to the first day of the next) and 20 days from the shortest cycle.

For example, let us say that Ms A's cycles lasted 32 days, 28 days and 27 days in September, October and November respectively.

Subtracting 10 from the longest cycle of 32 days results in 22, while subtracting 20 from the shortest cycle of 27 days results in seven.

This means that days seven to 22 of Ms A's menses are her "fertile days", during which unprotected sexual intercourse carries a high chance of pregnancy.

In women with regular cycles, minimal pregnancy risks are associated with sexual intercourse on non-fertile days.

However, it is important to note that emotional stress and physical ailments can affect menstrual cycles and one blip is all it takes to fall pregnant.

> ... I was having my period at the time of sexual intercourse?

Sperm have been documented to survive for a week or longer in a woman and to be resilient to menstrual flow.

So, women can indeed conceive during "period sex".

> ... I've only missed my pills once?

Users of hormonal contraception should discuss with their healthcare provider regarding the appropriate guidelines for missing a pill.

One missed pill can potentially result in pregnancy.

Starting the pill, switching over to other methods of contraception and taking hormonal pills concurrently with other medications are also topics to discuss with your healthcare provider.

> ... I'm a "perfect" user of effective contraception?

Unfortunately, no contraceptive method is infallible, save abstinence.

Albert Einstein has been quoted as saying: "If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem and five minutes thinking about solutions."

So, identifying the problem is key to solving it.

Malaysia remains a conservative society and the public discussion of sex is still deemed taboo by many.

Alas, sex education in our local schools barely skim the surface of basic biology for the most part. Educators themselves have expressed discomfort in discussing sex with their students.

The sheer number of unplanned pregnancies, amongst married and unmarried couples alike, clearly allude to the unmet needs of sex education in Malaysia.

Yet, there are longstanding concerns that exposing curious young minds to sex will only further stoke the raging hormones of youth, hence propagating more premarital sex and teenage pregnancies.

It is high time we openly acknowledge the pink elephant in the room: regardless of race, religion and social class, premarital sex occurs and many teenagers are in fact already sexually active.

Rather than propagate violence, the learning of martial arts has been well-known to cultivate one's patience, discipline and self-restraint. Similarly, sex education in schools does not necessarily equate to an increase in premarital sex.

Instead, introducing a comprehensive sex education, focusing not merely on the act of sexual intercourse, but also highlighting the consequences of unplanned pregnancies, may well serve to have youths think twice before engaging in unbridled sexual gratification.

A more responsible attitude towards sexual pursuits can thus be nurtured.

I share my five-year-old son's insights on problem-solving:

- Know the problem, i.e. unplanned pregnancies
- Find the reason for the problem, i.e. low contraceptive uptake
- Solve the problem, i.e. sex education.

Providing sex education

Malaysia has earned plaudits for our initial containment of Covid-19. Identifying the spread of Covid-19 to be a threat to our community, our government acted decisively in establishing considerably drastic measures to limit physical interaction.

There was much initial disgruntlement, but swiftly shutting our borders and establishing the MCO in March (2020), has undoubtedly proven to be a wise move in protecting our citizens.



Teaching children about sex is more likely to instill responsible behaviour, rather than encouraging sexual activity. - TNS

Where family pregnancy is concerned, it is strikingly apparent that the level of contraceptive knowledge and awareness amongst many Malaysians is inadequate in preventing unplanned pregnancies.

Many exhibit pre-conceived prejudices against the use of modern contraception.

Most men still seem to have an entrenched notion that contraception remains the responsibility of the fairer sex.

Clearly, the sexual health knowledge amongst Malaysians is not quite adequate.

Empowering our populace through comprehensive sex education in schools will go a long way in shaping positive attitudes and behaviour regarding contraceptive usage.

There will be resistance, but similar to our fight against Covid-19, only with concerted efforts by our authorities, can we appropriately address the issue of unplanned pregnancies.

Whilst we await regulatory efforts to provide for more comprehensive sexual education of our next generation, the onus lies on every sexually-active couple in our midst to engage in appropriate contraception and family planning.

Arrange a consultation with a doctor if necessary.

Each individual is unique, and the Internet, well-intentioned friends or family are not the best sources of advice.

Unless you are ready to expand your family, practice contraception. (*Contraception Table Attached*)

Let every “coronial” be a wanted child.

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Common contraceptives

Here are some of the methods and medications used regularly by Malaysians to prevent pregnancy.

Contraceptive method	Benefits	Common issues	Failure rate (per 100 typical users)*	Price (RM)**
Abstinence	Perfect contraception	Usually impractical, particularly for those in relationships	0	Free
Rhythm/ Calendar method	Natural and free	High failure rate	25	Free (Ovulation kits cost about RM20)
Coitus interruptus (withdrawal)	Natural and free	High failure rate	27	Free
Condom	<ul style="list-style-type: none"> > Relatively cheap > Readily available > Only method that also protects against sexually-transmitted diseases (STDs) such as HIV, syphilis and gonorrhoea 	<ul style="list-style-type: none"> > Having adequate amount on hand > Consistent usage during each sexual encounter 	15	From RM1 per piece
Combined oral contraceptive pill (COCP)	<ul style="list-style-type: none"> > Regulates periods > Alleviates premenstrual symptoms and painful periods > Non-contraceptive benefits such as treatment of acne and hirsutism (abnormal hair growth on a woman) > Reduced risk of ovarian, uterine and colon cancers 	<ul style="list-style-type: none"> > Irregular spotting when first taken > Have to take daily > Risk of blood clots > Marginally increased risks of breast and cervical cancer 	8	From RM10 per month
Progesterone-only pill (POP)	<ul style="list-style-type: none"> > No increased risk of cancer 	<ul style="list-style-type: none"> > Have to take at the same time daily 	8	From RM10 per month
Contraceptive patch	<ul style="list-style-type: none"> > Similar benefits to COCP > Requires only weekly changes 	<ul style="list-style-type: none"> > Same issues as COCP, except daily intake > May be unsuitable for those with sensitive skin 	8	From RM60 per month
Intramuscular progesterone injections	<ul style="list-style-type: none"> > Injected only once every 12 weeks > Will not increase risk of blood clots 	<ul style="list-style-type: none"> > Regular trips to the clinic required > Wrong dates, i.e. arranging visits once every three months (i.e. 13-14 weeks), rather than once every 12 weeks, which can result in failure of contraception > Initial irregular spotting and delayed return of fertility after ceasing injections 	3	From RM20 per month
Contraceptive skin implants	<ul style="list-style-type: none"> > Effective long-term contraception (up to three years) > Can be removed at any time if earlier return to fertility is sought 	<ul style="list-style-type: none"> > Irregular spotting in the first few months of use 	<0.1	From RM600 per implant (or about RM17 per month)
Copper intra-uterine contraceptive device (IUCD)	<ul style="list-style-type: none"> > Does not require the user to do anything else after implantation > Can be used as "emergency contraception" > Can be inserted during a Pap smear > Effective non-hormonal, long-term contraception (i.e. five years or until menopause in women over 40 years of age) 	<ul style="list-style-type: none"> > Not suitable if experiencing lower genital tract infection > Risk of displacement during heavy periods 	0.8	From RM600 per device (or about RM10 per month)
Hormonal IUCD	<ul style="list-style-type: none"> > Does not require the user to do anything else after implantation > Treats painful, heavy periods > No generalised or systemic effects of hormonal therapy as the hormones are only released locally > Effective long-term contraception 	<ul style="list-style-type: none"> > Similar to copper IUCD 	0.1	From RM1,000 per device (or about RM17 per month)
Tubal sterilisation	Permanent contraception	<ul style="list-style-type: none"> > An invasive surgical procedure > Irreversible 	0.5	From RM2,000 per procedure (or about RM17 per month over 10 years)
Vasectomy	<ul style="list-style-type: none"> > Permanent contraception > An easier and less risky procedure compared to tubal sterilisation > Avoiding the risks of hormonal therapy or surgery for the female partner, especially if they have severe medical conditions 	<ul style="list-style-type: none"> > Relatively irreversible 	0.1	From RM1,500 per procedure (or about RM13 per month over 10 years)
Emergency contraception	Effective in preventing pregnancies up to five days from the time of unprotected sexual intercourse	None	As low as 0.1	From RM15 per pill

"While 'perfect' users of modern contraceptive methods experience pregnancy rates of less than 1%, the 'typical' user refers to the vast majority who occasionally miss pills, neglect condom usage, etc. **Prices are based on estimates. The actual cost will vary depending on the healthcare centre and provider.

Note: The use of hormonal contraception may be associated with weight gain. However, this pales in comparison to the expected weight gain through most pregnancies.

For those who do not practise any form of contraception, their chances of getting pregnant are typically about **85%**.