

Prevention Is The Best Attitude!

Reproductive Health Education Handbook

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WHO IS THIS MANUAL FOR?



Being sexually active requires responsibilities, as well as knowledge to avoid situations that put your health and life at risk.

We believe that you do not want to experience any of these situations. For this, you need to know your sexual and reproductive rights, understand how your body works, the state of your health, how to avoid risky behaviour, know who you can get advice from and where to seek support.

In this manual, we have gathered a set of information that will help you to develop healthy behaviours.

The information herein is presented in two languages: Portuguese and English, so this manual is accessible to a greater number of people.

It is important to carry out health surveillance on a regular basis.

Having doubts about what to do as well as when and how to do it is very natural. But for that, you have to be informed.

Information is Power

Power of being able to choose preventive behaviors correctly

What will we be talking about?

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1. Where To Look Up Information? What Are Your Rights?

The right to sexual and reproductive health is a universal human right, linked to sexuality and reproduction. This assumes a set of interventions that can contribute to preventing and solving problems, allowing each person to have a satisfactory, safe sex life and to be able to choose when you want to have children, the number of children you want to have and how far apart you want to have them.

All these aspects require that you be informed, have access to safe and effective contraceptives free of charge, as well as adequate health services.

You should ask for help at your health centre, your nurse, family doctor or hospital through a family planning consultation.

**Prevention is the
best attitude!!**

2. How Does The Family Planning Consultation Work?

Family Planning (FP) consultations are a guaranteed right for all women and men of childbearing age, enshrined in the Constitution of the Portuguese Republic.

In these consultations you can speak openly, as no one will judge your actions, choices, preferences, sexual orientation and all information shared is confidential.

The nurse or doctor who makes the appointment is only concerned with your health and is therefore available to listen, advise and support your choices.

Is a space where you can be accompanied by a specialist nurse in maternal and obstetric health, where you can clarify any doubts you may have related to women's health.

You should have these consultations at least once a year and before initiating your sexual life. It allows you to clarify issues, monitor your health and help you choose a contraceptive method that best suits you, your lifestyle and health.

Women up to 54 years old and men with no age limit may make an appointment. In the FP, activities that promote health are carried out, such as providing information, advice, prevention and early diagnosis of possible health problems. If you intend to become pregnant, this consultation also serves to carry out preconception care.

What does the gynaecological examination consist of?

The gynaecological examination is part of the family planning consultation.

Consists of an evaluation of the reproductive system.

It is not a painful exam.

Breast examination is, usually, the first part of this assessment and seeks to detect warning signs.

The second part of this assessment is the pelvic exam. It is recommended from the age of 20 or earlier if you have already started sexual intercourse, if there are complaints such as abnormal vaginal secretions (discharge) and pelvic pain. In this exam, the external reproductive organs (the pubic region, labia majora and minora, clitoris and Bartholin's glands) and the internal organs (vaginal canal, uterus and ovaries). The cervix is another structure observed with special attention in order to detect signs which may suggest alterations.

If you feel any doubt, fear, discomfort or even pain, you should mention it.



3. Cervical Cancer Screening

Screening for Sexually Transmitted Infections (STIs) and oncology (cervix and breast) are part of the family planning consultation.

The cervical cancer screening is carried out through cervical cytology or Pap smear, better known as the Papanicolaou test. It is painless, easy to perform, without any contraindications, carried out by passing a brush on the cervix, allowing cells to be collected. These will then be analysed, in order to understand if there are changes that could lead to health issues, among which are cervical cancer that, if detected early, can be treated without causing serious health problems. Most cervical cancer (99%) is caused by a virus called Human Papillomavirus (HPV) and can be present in both women and men.

In **Portugal**, the test **is free** in the National Health Service (SNS).

In opportunistic screening, it is recommended that a cytology be performed every 3 years, from the age of 21 and/or at least 3 years after starting sexual activity.

In organised screening, a cytology is performed every 3 years, from the ages of 25 to 30, followed by a high-risk HPV test with a reflex cytology (in cases of positive HPV) and every 5 years from 30 to 65 years of age.

If this is your case, ask at the health centre or hospital how to do it.

The best way to prevent the cervical cancer is through vaccination, screening and using de condom when engaging in sexual intercourse

Myths and Truths About Cervical Cancer Screening

Is there a cure for HPV?

There is no specific treatment to eliminate the infection. In most cases, the infected person's immune system is able to eliminate the virus. That's why you should use condoms and get vaccinated.

I have HPV. Will I get cancer?

Not all HPV infections lead to cervical cancer.

There are low risk HPV infections, such as the one that manifests itself with the appearance of genital warts – which are benign lesions (of these, HPV 6 and 11 are the most common). High-risk viruses (of which, HPV 16 and 18 are more common) can become precancerous and malignant lesions, occurring in 10 to 20% of women, as well as when the virus is persistent. It is therefore very important to be screened, even without symptoms.

Is the HPV virus uncommon?

On the contrary, it is considered the most common STI among the population.

Is it true that HPV can take up to 20 years to cause a disease?

Yes. The first symptoms may appear between 2 and 8 months after infection; however, it may take years for a precancerous or malignant lesion to appear.

Since men don't have a uterus, can they contract the virus.

Although men do not have a uterus, they should be vaccinated, as this virus can be lodged in other organs such as the penis, anus and throat.

I'm gay. Can I still get infected?

Despite being homosexual, you can contract the virus. Contagion does not only occur through contact between the penis and the vagina. HPV can be transmitted through other forms of contact. Screening is also recommended.

I don't have sex. Do I need the vaccine?

Even without having sex, you should be vaccinated. Vaccination provides better results if administered before initiating sexual activity.

How can I prevent HPV?

Vaccination for men and women and condom use.

Vaccination is free

It is part of the National Vaccination Plan

PREVENT YOURSELF

4. Breast Cancer Screening

Breast cancer screening is considered a public health problem, is primarily associated with women and has a high mortality rate.

In Portugal, 11 new cases appear daily. Early diagnosis allows signs and symptoms which may suggest a problem to be evaluated. The aim of prevention is to eliminate risk agents which can be altered, excessive consumption of alcohol, a sedentary lifestyle, weight control and tobacco (consult your local health centre or hospital on how to access the smoking cessation consultation. It is much easier with help).

To find more information following website: <https://www.dgs.pt/programa-nacional-para-a-prevencao-e-controlo-do-tabagismo/quer-deixar-de-fumar.aspx>



Having healthy lifestyle habits, such as exercising regularly (even if it's just walking), a balanced diet, doing a breast self-examination and being aware of the warning signs, is very important.

Only 5 to 10% of diagnosed breast cancers have genetic and hereditary characteristics.

It should be check your breast every month, from the age of 20, one week after menstruation. If you are no longer menstruating, choose a fixed/monthly date to do it. In this way you get to know the characteristics of your breasts and if there is any change it will be easier to identify it and communicate it to your doctor or nurse.

**Examine your breast.
It doesn't take long and it makes
all the difference**

Screening for breast cancer is done using a mammogram.

There is no risk in taking the exam, nor does it require prior preparation. Mammography is the exam that allows breast cancer to be diagnosed and be accompanied by a breast ultrasound. These exams are recommended from the age of 40-50 and they should be performed every 2 years, if the result is negative.

Before this age, they are only performed if there are either indications that justify it or risk factors.

The Breast Cancer Screening Program is organised in a partnership between the Portuguese League Against Cancer and the Health Centres. It covers women from 50 to 69 years old and has allowed breast cancers to be diagnosed in early stages with favourable results to reduce morbidity and mortality in women. It uses mobile units which travel to each municipality of residence every 2 years. You must inform the health centre of your intention to participate in this screening and, thus, be able to receive a notification when it's conducted. Moreover, it's free.

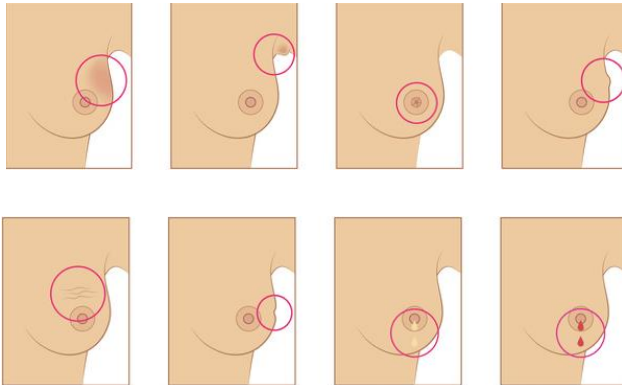
To find out where the nearest mobile unit is, check the following website:

<https://www.ligacontracancro.pt/servicos/detalhe/url/localizacao-das-unidades-de-rastreio/>



Warning signs to watch out for

1. Presence of nodule or mass in the breast (hard), armpit, collarbone or change in their characteristics;
2. Presence of breast pain;
3. Change in nipple colour and/or shape;
4. Nipple retraction (nipple in);
5. Leakage of fluid through the nipple;
6. Changes in the appearance or texture of the skin on the breast: colour (flush – redness), temperature (heat), thickness and texture (crust formation, lesions near the areola, increased breast vessel bulge with an area of skin depression);
7. Frequent itching of the breast or nipple;
8. Marked breast asymmetry, with total or partial oedema (swelling) of the breast.



Seeing and Feeling: the two breast self-exam steps that make the difference

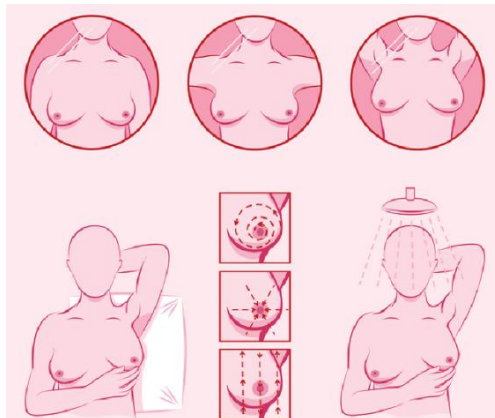
Seeing

Facing the mirror, with both arms relaxed along the body, look for warning signs in both breasts. Do the same again with your arms behind your neck. Repeat the procedure on the side (left and right).

Feeling

This can be done while showering with soap which makes it easier. Use your fingertips to look for changes.

There are three ways to do this. In circles, clockwise from the top of the breast to the nipple. In vertical lines, on one side of the breast, run your fingers from bottom to top and from top to bottom until you reach the opposite side. Finally, there's the clock method. Divide the breast into 6 imaginary and equal parts, as if it were a clock. Start your palpation in circular movements from the top to the center, to the nipple. Repeat the procedure in all quadrants of the breast, until you've felt all six parts.



Choose the technique that best suits you

Myths and Truths About Breast Cancer Screening

I'm still very young. Can I have breast cancer?

Breast cancer is the most common type of cancer in women over 55 years of age, but it can occur at any age.

No one in my family has breast cancer. Can I have breast cancer?

If someone in your family has or had breast cancer, you are at greater risk of getting the disease, especially if it was your mother, sister or maternal grandmother. However, 85% of women with breast cancer have no family history of the disease.

Getting a mammogram is risky?

Mammography uses X-rays to image the breast and check for changes. The risk associated with radiation exposure is minimal, especially when compared to the benefit.

Getting a mammogram is very painful?

A mammogram does cause some discomfort and there are women who report greater discomfort than others. However, it is an extremely quick scan.

What can help:

1. Schedule the exam after your period, when breasts are less sensitive. Avoid taking the test before menstruation;
2. Take a pain reliever before the exam to relieve pain;
3. Tell the provider that you are afraid of pain.

Are all lumps a sign of cancer?

About 80% of the nodules found are benign. If any change is found with the mammogram, it will be referred to the attending physician for follow-up and/or treatment. Thus, it avoids future complications.

Is it an expensive test?

No. It is free on SNS services (The National Health Service).

Do they always perform a breast ultrasound after a mammogram?

Not always, just justified. Does not replace mammography.

5. What Are Sexually Transmitted Infections?

Risky sexual behaviour can affect life and health due to sexually transmitted infections (STI), which are transmitted through intimate sexual contact, when one of those involved is infected.

The only form of protection is through the use of a condom (male or female). Used correctly, it prevents the exchange of genital fluids (vaginal secretions, pre-ejaculatory fluid and sperm), preventing the spread of viruses, fungi, bacteria or other microorganisms that cause STIs.

If you have multiple partners, a partner who uses intravenous drugs or you are starting a new relationship, you should always use a condom. Most STIs can be treated with medication, but not all are curable.

There are other ways of transmitting STIs: during pregnancy, breastfeeding, childbirth and sharing some personal objects involving body fluids.

**Remember, the person's health
history is not mirrored in their face,
smile or what they say
PREVENT YUORSELF**

5.1. Some examples of sexually transmitted infections. How are they transmitted? How are they treated? And how can they be prevented?

Syphilis

Syphilis is caused by a bacterium called *Treponema Pallidum*.



It affects various parts of the body such as the skin, bones, liver, genitals, eyes, nervous system and heart, and can cause death if not treated.



Signs and symptoms: 3 weeks after infection, a pink (hard) nodule may appear that develops into an ulcer (sore) in the genital region (vulva, penis or anus). Later, rashes (skin spots), malaise, fatigue, headache and bone pain may appear.



Diagnosis: through seeing lesions on the skin and laboratory tests



Treatment: Antibiotic therapy.

Gonorrhoea

It is caused by the *Neisseria gonorrhoea* bacteria. It infects the urethra, cervix, rectum, throat and eyes. It can cause infertility. It is one of the causes of ectopic pregnancy (pregnancy outside the uterus).



Signs and symptoms: They appear between the 2nd and 14th day after infection. It manifests differently in men and women. The most common symptoms are dysuria (pain when urinating), urinary incontinence, leucorrhoea (discharge) white-yellowing, inflammation of the Bartholin's glands, metrorrhagia (bleeding outside the menstrual period), acute urethritis (more common in men), urinary urgency (sudden and

unavoidable urge to urinate), odynophagia (sore throat) and voice impairment (if acquired through oral sex), inflammation of the anus (if acquired through anal sex).



Diagnosis: It should be identified, by laboratory tests, early to avoid developing complications.



Treatment: Antibiotic therapy.

Pubic Pediculosis

Pubic pediculosis is caused by a parasite called *Phthirus Pubis*, whose only host is humans. They are transmitted from person to person through sexual contact.



They live in the pubic region and feed on blood.



Signs and symptoms: You may be asymptomatic or experience a tingling and itching sensation in the pubic area, although it can occur in other places such as your arms and legs. Due to the parasite's bites, you can see light blue lesions on the skin, red papules (bumps without pus), crusts and rust-coloured spots.



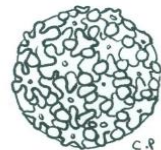
Diagnosis: Through the symptoms, visualising the parasites as well as the lesions.



Treatment: Hygiene care and topical application of creams for the infected person and the partner.

Hepatitis B

Caused by the hepatitis B virus (HBV), it causes acute or chronic inflammation in the liver, which can lead to liver cirrhosis or, in more serious cases, liver cancer. It can lead to death if not treated.





Signs and symptoms: The most common symptoms are fever, abdominal pain, nausea, vomiting, diarrhoea, extreme tiredness, lack of appetite, jaundice (yellow skin and eyes) and change in urine colour (port-wine-coloured urine).



Diagnosis: Laboratory tests.



Treatment: In most cases, the immune system is able to eliminate the infection and the virus within 6 months; when this does not happen, we are dealing with chronic hepatitis B and antiviral therapy may be recommended. Does not cure the infection, it controls its progression.



Prevention: The vaccine has been in the National Vaccination Program since 1995.

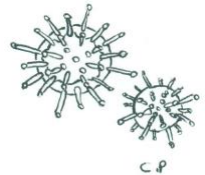
To find more information following website:

<https://www.sns24.gov.pt/tema/vacinas/programa-nacional-de-vacinacao/>



Genital Herpes

Genital Herpes is caused by the human herpes virus (HSV). HSV1 is more common in the oral and nasal region and HSV2 in the genital region. Transmitted from person to person through sexual contact.



Signs and symptoms: Each outbreak begins with pain, slight burning, itching or a tingling sensation in the vulva, penis or anus region, followed by the appearance of vesicles (water blisters), which, when bursting, form lesions (sores) that heal (forming scabs).



Diagnosis: Laboratory tests.



Treatment: Antiviral drugs.

Human Papilloma Virus (HPV)

It may show no symptoms, have a spontaneous regression or progress to low-grade or high- grade.



Signs and symptoms: Low-grade HPV manifest itself through “warts” (condylomata) on the skin, genitals and anus, but does not progress to malignancy. The high-grade strain can develop into cancer of the cervix, vagina, anus, vulva, oropharynx and penis.



Diagnosis: Laboratory tests.



Treatment: In the case of low-grade HPV, the lesions (warts) are removed. With high-grade HPV, we must monitor its evolution according to its location and possible surgery. After treatment, HPV vaccination is recommended for non-inoculated (unvaccinated) women and men.



Prevention: Vaccination.

To find more information following website:

https://www.spp.pt/UserFiles/file/EVIDENCIAS%20EM%20PEDIATRIA/DGS_016_2014%20ACTUALIZADA%20A%2010.2014.pdf



HIV1 and 1

The human immunodeficiency virus (HIV) can be of two types: 1 and 2.

It affects the immune system and decreases the body’s response to infections.



A person carrying the virus is called HIV positive.

Being HIV positive is not the same as having Acquired Immunodeficiency Syndrome (AIDS).

It is one thing to have the virus (being HIV positive) and another to have the disease (AIDS).

Prevention and early diagnosis are important, since the virus can remain asymptomatic for many years. Today it is considered a chronic disease and people can lead normal lives if they follow the therapeutic regimen.



Signs and symptoms: They can appear in the first 15 days after infection and disappear completely afterwards. The symptoms are as follows: tiredness, low fever, sore throat, headaches, night sweats, diarrhoea, oral candidiasis (thrush), myalgia and arthralgia (pain in muscles and joints), photosensitivity (sensitivity to light), nausea, vomiting and weight loss. These symptoms may go unnoticed as they are very similar to the seasonal flu. In AIDS, the virus has already multiplied and developed in such a way that it has damaged the immune system and is no longer able to defend the person from external infections and can develop very serious complications, even in the face of common infections.



Diagnosis: Laboratory tests.



Treatment: Antiretrovirals.

Chlamydia

Chlamydia is an STI caused by a bacterium called *Chlamydia trachomatis*. In women, the disease can infect the uterus, fallopian tubes and ovaries, causing pelvic inflammatory disease (PID). In men, epididymitis (inflammation of the testicles) and prostatitis (inflammation of the prostate gland). Untreated infection is a cause of infertility in both sexes.





Signs and symptoms: It is asymptomatic in many cases; however, the infected person is the agent of contamination. In women, the symptoms manifest themselves through leucorrhoea (vaginal discharge), pruritus (itching), vaginal bleeding, abdominal pain, pain during sexual intercourse, dysuria (pain when urinating) and proctitis (inflammation of the anus). In men, symptoms include dysuria, purulent discharge from the urethra (the channel that carries urine from the bladder to the outside), pain in the testicles, oedema (swelling) in the scrotum.



Diagnosis: Laboratory tests.



Treatment: Antibiotic therapy.

Trichomoniasis

Trichomoniasis is caused by the protozoan *Trichomonas vaginalis*.



Signs and symptoms: A person can be infected and not show

any symptoms or show symptoms between the 5th and the 28th day after infection. The most common symptoms in women are: abundant leucorrhoea (discharge), with a foetid smell (rotten smell) and altered colour (yellow or green), blood loss during or after sexual intercourse, vaginal pruritus (itching), oedema around the level of the inguinal region (groin swelling), urinary urgency and dysuria (painful urination). In men, it can manifest itself through urethral discharge, pollakiuria (increased number of urinations), dysuria and irritation in the penis.



Diagnosis: Laboratory tests.



Treatment: Treatment should include antibiotics for the person and their partner.

Urethritis and Vulvovaginitis

Urethritis is an infection of the urethra (the tube that carries urine from the bladder to the outside) caused mostly by the bacteria responsible, as chlamydia, gonorrhoea, trichomoniasis and herpes. If left untreated, it can affect the prostate (men) and kidneys. Vulvovaginitis is caused by the same agents as urethritis but affects the vulva and vagina.



Signs and symptoms: In urethritis, dysuria (pain when urinating), urinary urgency and whitish urethral discharge (in men) appear. The most common symptoms of vulvovaginitis are irritation and redness of the vagina and vulva, pruritus (itching), oedema (swelling) of the affected region, leucorrhoea (discharge) with an intense smell, slight vaginal blood loss and dysuria (painful urination).



Diagnosis: Laboratory tests.



Treatment: Treatment should be carried out using.

**Sexually Transmitted Infections?
Prevention Is The Best Attitude.
ALWAYS USE CONDOM!**

6. Menstrual Cycle



In order to screen for changes, plan your reproductive life and choose a contraceptive method, it is important that you know your body and how it works.

The menstrual cycle is something that occurs every month from a woman's first period (menarche) to her last period (menopause).

It starts on the first day of menstruation and ends the day before the next.

On average, it lasts 28 days; however, not all women are the same. There are those who have longer cycles and others who have shorter ones. Cycles lasting between 22 and 35 days are considered normal.

Every month the ovaries release an egg so that it is fertilized by the sperm, and a pregnancy occurs.

When the egg is released, is called the fertile period. During this period that you can get pregnant. If this does not happen the menstruation or period occurs, and a new cycle begins.

How do You Calculate Your Fertile Period?

Let's imagine that your menstrual cycle is 28 days long, that is, you menstruate every 28 days.

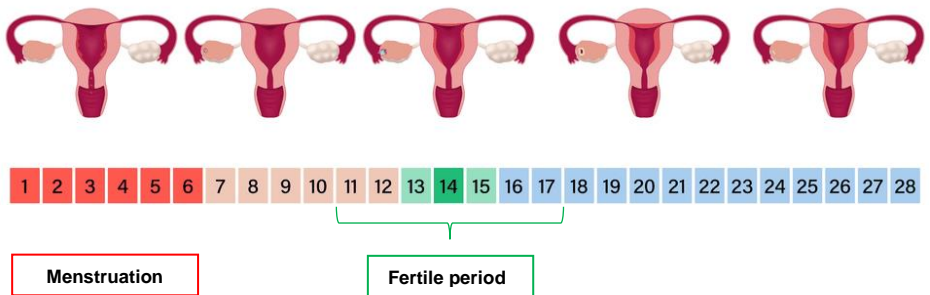
Count backwards 14 days from the first day of your last period.

Ovulation occurs in the 3 days before and 3 days after that date, your fertile period is 7 days.

Remember that in order to use this calculation your cycles must be regular, that is, your period must always come at the same time (every 28 days, every 30 days or another interval if it is always identical).

The menstrual flow (menstruation) lasts, on average, 4 to 5 days, but there are women who may have less and others more days.

During menstruation you can have sex, as long as you feel comfortable and so does your partner.



Some women report having **menstrual pain (dysmenorrhea)**. Dysmenorrhea starts on the 1st day of the cycle and can last for a few more days. There are **some techniques to alleviate this discomfort**, such as:

1. Applying local heat to the pelvic area (hot water pack; seed bag);
2. Taking a hot shower;
3. Reflexology techniques;
4. Aromatherapy (geranium or lavender essential oil are some examples);
5. Massage;
6. Acupuncture;
7. Meditation;
8. Comfort positions: lying on your side with your legs drawn up towards your chest, as if in a foetal position, and with a pillow placed between your legs for added support; lying on your back with your legs drawn up towards your chest; kneeling and sitting on your heels with your body and arms leaning forward.

If the pain persists, you should consult your doctor; it may be necessary to associate analgesics, anti-inflammatory drugs or even start a hormonal contraceptive.

7. Contraception. And Now? What's the Right Method?

Contraception is the name given to any method that prevents fertilisation or the implantation of the egg in the wall of the uterus (endometrium).

Thus, all methods used to prevent pregnancy can be called contraceptive methods. There are different contraceptive methods.




You have to choose the one that best suits you, your lifestyle, and your health.

7.1. The contraceptive methods available in Portugal

Methods	Types of Methods
Natural	Periodic sexual abstinence
Lactational amenorrhea (LAM)	
Extravaginal ejaculation or coitus interruptus	
Barrier	Male and female condoms
Hormonal Contraception	Pill Vaginal ring Contraceptive patch Emergency contraception (morning-after pill), Subcutaneous implant Injectable contraceptives
Uterine Contraception	Intrauterine device – IUD Intrauterine system – IUS
Definitive Contraception	Tubal ligation Vasectomy

To find more information following website:
<https://www.spdc.pt/noticias/11-noticias/210-consenso-sobre-contracecao-2020>



EFFECTIVENESS	TYPES OF METHODS
<p>MORE EFFICIENT (does not depend on the user)</p>  <p>Less than 1 pregnancy in 100 women/year. Correct use.</p>	<p>Vasectomy Bilateral tubal ligation (BTL) Subcutaneous Implant Uterine Contraception</p>
<p>(depends on the user and the number of sexual intercourses)</p>  <p>6 to 12 pregnancies in 100 women/year. Correct use.</p>	<p>Injectable Contraceptive pills Contraceptive patch Contraceptive ring</p>
<p>LESS EFFECTIVE (depends on the user and the number of sexual intercourses)</p>  <p>18 or more pregnancies per 100 women/year. Correct use.</p>	<p>Male and female condom Natural Methods Extravaginal ejaculation (coitus interruptus)</p>



Source: Adapted from Trussel & Guthrie, 2015

7.2. Natural Methods

These are methods based on the duration of the menstrual cycle or self-regulation.




Calendar Method (Ogino-knaus Method)



It is based on observing your menstrual cycle and abstaining from sexual intercourse during the fertile period.

To calculate the fertile period, you need to know your menstrual cycle and, for that, you must observe it for 3 to 6 months and record the number of days in each cycle (from the first day of menstruation to the last day before the next). During that period, you should record the longest and shortest cycle. Calculate the difference in days between these two cycles, if it is greater than or equal to 10 days do not must use this method.




Every 14 days before the next menstruation has a ovulation. It is recommended that you should not have unprotected sex three days before and after that date.

Advantages 	Disadvantages 	Contraindications 
<p>Does not have the effects associated with hormonal contraceptives;</p> <p>No side effects or adverse reactions;</p> <p>Very simple and free of charge.</p>	<p>Failure or difficulty in calculating the fertile period;</p> <p>Limited degree of effectiveness;</p> <p>Long periods of sexual abstinence;</p> <p>The fertile period is influenced by external factors such as stress and emotional changes, illnesses, among others;</p> <p>Does not prevent STIs.</p>	<p>Women with menstrual cycle irregularities;</p> <p>Menstrual cycles with differences greater than or equal to 10 days.</p>

Basal Temperature Method (MTB)



It consists of an increase in body temperature of about 0,3 to 0,8°C during the fertile period. It usually precedes a slight descent. Body temperature should be assessed daily after at least six hours of rest (sleep).

Advantages 	Disadvantages 	Contraindications 
<p>Does not have the effects associated with hormonal contraceptives;</p> <p>No side effects or adverse reactions;</p> <p>Very simple and free of charge.</p>	<p>Limited degree of effectiveness;</p> <p>Body temperature can change due to external factors;</p> <p>Does not prevent STIs.</p>	<p>Irregular sleep patterns.</p>




Cervical Mucus Method (Billings)



It consists of observing the characteristics of the vaginal mucus, which vary throughout the menstrual cycle.

After menstruation the mucus is whitish or yellowish and opaque. The fertile period begins-if on the day the mucus becomes clearer, more transparent, more abundant and more elastic (egg-white-like). It ends 3 days later the amount of mucus reduces and becomes more viscous and opaquer.




In order to use it effectively, it is essential that you know your body very well and are aware of all the changes that occur during the menstrual cycle.

Advantages 	Disadvantages 	Contraindications 
<p>Does not have the effects associated with hormonal contraceptives;</p> <p>No side effects or adverse reactions;</p> <p>Very simple and free of charge.</p>	<p>Limited degree of effectiveness;</p> <p>The presence of any pathology that alters the vaginal secretions (discharge) can make it difficult to identify the stage of the cycle in which it is found;</p> <p>Does not prevent STIs.</p>	<p>Changes in vaginal secretions.</p>

Symptothermal Method (BTM + Billings)

This is a combination of the cervical mucus (Billings) and basal temperature methods (BTM).






Advantages 	Disadvantages 	Contraindications 
<p>Does not have the effects associated with hormonal contraceptives;</p> <p>No side effects or adverse reactions;</p> <p>Very simple and free of charge.</p>	<p>Limited degree of effectiveness;</p> <p>Long periods of sexual abstinence;</p> <p>Does not prevent STIs.</p>	<p>Women with irregular menstrual cycles.</p>

Standard Days Method (SDM)



Only be used by women with regular menstrual cycles of 26 to 32 days, as the fertile period is expected between the 8th and 19th day of the cycle. Thus, the period of sexual abstinence is 12 days.




Advantages 	Disadvantages 	Contraindications 
Does not have the effects associated with hormonal contraceptives; No side effects or adverse reactions; Very simple and free of charge.	Limited degree of effectiveness; Long periods of sexual abstinence; Does not prevent STIs.	Women with irregular menstrual cycles.

7.3. Coitus Interruptus



Consists of extracting the penis from inside the vagina before ejaculation.

Very high failure rate, between 4 and 22%.

Advantages 	Disadvantages 	Contraindications 
Does not have the effects associated with hormonal contraceptives; No side effects or adverse reactions; Free of charge.	Limited degree of effectiveness; Does not prevent STIs.	If there is difficulty for the man to carry out the methods.

7.4. Lactational Amenorrhea Method

After childbirth, women who are breastfeeding may experience a period of time, when they do not have menstrual periods, which is called physiological amenorrhea.






To ensure the effectiveness of the LAM, you must remain amenorrhea (not menstruating), with exclusive breastfeeding (day and night feedings), intervals between each feeding not exceeding 6 hours and the baby being less than 6 months old.

LAM is highly effective if used correctly.

With a failure rate of only between 1 to 2%.

Babies over 6 months old, you should consider another form of contraception.

Advantages 	Disadvantages 	Contraindications 
<p>Does not have the effects associated with hormonal contraceptives;</p> <p>No side effects or adverse reactions;</p> <p>Very simple and free of charge.</p>	<p>Does not prevent STIs.</p>	<p>Women who do not exclusively breastfeed;</p> <p>Women with babies over 6 months old.</p>





7.5. Barrier Methods

Male and female condoms are considered barrier methods.

They physically prevent sperm from entering the woman's vagina and uterus.

In the case of male condoms, two condoms should not be used at the same time, as there is a greater risk of breakage.



Advantages 	Disadvantages 	Contraindications 	Method of Use 
<p>Male condom 98% effective if used correctly with a failure rate of 2 to 18%;</p> <p>Female condom 95% effective if used correctly with a failure rate of 5 to 21%;</p> <p>Protects against STIs;</p> <p>Inexpensive. Free from the SNS (National Health Service);</p> <p>Not hormonal.</p>	<p>Effectiveness depends on correct placement;</p>	<p>Known allergies to condom material.</p>	<p>Local (penis or vagina);</p> <p>Use exclusively with water-based lubricants.</p>

Barrier methods are the only ones that prevent STI

If you have sexual intercourse during the fertile period, use condom

7.6. Hormonal Methods





Transdermal Adhesive

It is a combined contraceptive, in the form of a transdermal patch (6,00 mg of norelgestromin and 0,60 mg of ethinylestradiol) in a pack of 3 individually wrapped patches.



It must be replaced every week for 3 weeks and then take a break of 7 days. During the break you will have a withdrawal bleed (period). Start a new patch on the 8th day.

It is a good option for women who do not want to use oral contraception (the pill).

Advantages 	Disadvantages 	Contraindications 	Method of Use 
<p>Highly effective (99.7% with correct use);</p> <p>For women who do not wish to take a daily contraceptive;</p> <p>For women not looking for a long-acting contraceptive;</p> <p>Does not interfere with the sexual act.</p>	<p>Not distributed, free of charge by the SNS (The National Health Service);</p> <p>Sticker replacement every week;</p> <p>May have side effects or adverse reactions;</p> <p>Does not protect against STIs.</p>	<p>Contraindications can be absolute or relative, depending on the woman's health situation and lifestyle.</p>	<p>Transdermal patch;</p> <p>Started on the first day of menstruation or at any time of the cycle as long as pregnancy is excluded;</p> <p>Postpartum: after 21 days, if not breastfeeding.</p>

I didn't apply the patch on the right day. What should I do?





It all depends on when you forgot.

If it was in the 1st week, you must put it on immediately and use a condom for the next 7 days. If you forgot in the 2nd or 3rd week and for less than 48 hours, change the patch immediately and the protection will remain. If it is longer than 48 hours, you must start a new cycle using a condom in the first 7 days. If you have had unprotected sex, use emergency contraception.

Contraceptive Ring

The contraceptive ring is a combined hormonal contraceptive for vaginal release (0,120 mg of etonogestrel and 0,015 mg of ethinylestradiol for 24 hours). It works under the same principle as pills. It is applied inside the vagina, for 3 weeks and paused for one. It requires an assessment by a health professional to determine eligibility and suitability for the method.



Advantages 	Disadvantages 	Contraindications 	Method of Use 
<p>Highly effective (99.7% with correct use);</p> <p>For women who do not wish to take a daily contraceptive;</p> <p>Do not wish to use a long-term contraceptive;</p> <p>Does not interfere with the sexual act. If it causes discomfort, it can be removed for up to 3 hours. Wash with warm water and replace.</p>	<p>Not distributed, free of charge in all SNS (The National Health Service);</p> <p>Ring replacement every 3 weeks;</p> <p>May have side effects or adverse reactions;</p> <p>Does not protect against STIs.</p>	<p>Contraindications can be absolute or relative, depending on the woman's health situation and lifestyle.</p>	<p>Vaginal;</p> <p>Applied on the first day of menstruation for 21 days, with an interval of 7 days without the use of a ring;</p> <p>At that time, you will have withdrawal bleeding (menstruation);</p> <p>New contraceptive started on the 8th day;</p> <p>Postpartum: at 21 days, if not breastfeeding.</p>

I forgot to remove the ring. Now what?

If the ring remains in the vagina for more than 3 weeks and less than 4, the normal retake should be carried out at the end of the 4th week. It is not necessary to resort to another contraceptive method.

If it is longer than 4 weeks use a condom if you have sex. Insert a new ring and use a condom for the next 7 days.

Injectable Contraceptives

The only injectable contraceptive marketed in Portugal is Depo-Provera®, 150mg/ml of Medroxyprogesterone Acetate.







The woman can be in amenorrhea (without menstruation). It is a good option for those who:

- Don't want to take estrogens;
- Is contraindicated;
- Postpartum or breastfeeding;
- You don't want a method that requires daily dosing.

It requires carrying out an assessment to see if you can do the method.

It can be considered a long-term reversible method.

Advantages 	Disadvantages 	Contraindications 	Method of Use 
Does not require daily intake, so it does not depend on the user; High effectiveness (99,7%); Can be used postpartum and during breastfeeding; Administered free of charge from the SNS (The National Health Service).	Requires a health professional (nurse) to administer it every 3 months; May have side effects or adverse reactions; There may be difficulties in resuming fertility after discontinuing it, compared to other contraceptive methods (6 to 9 months); Does not protect against STIs.	Contraindications can be absolute or relative, depending on the woman's health situation and lifestyle.	Injectable; Quarterly; Is administered in the first 5 days of menstruation, at any time of the cycle as long as the possibility of pregnancy is excluded or in the postpartum period.

Subcutaneous Implant





The only subcutaneous implant sold in Portugal is Implanon®, Plastic rod with 2 mm thick, 4 cm long. It inhibits ovulation and thickening of cervical mucus.



It is a good option for women who:

- Don't want to take estrogen;
- Are contraindicated;
- Postpartum or breastfeeding;
- They don't want a method that requires daily dosing.

It is considered a long-term reversible method.

<p>Advantages</p> 	<p>Disadvantages</p> 	<p>Contraindications</p> 	<p>Method of Use</p> 
<p>Does not require daily intake, so it does not depend on the user;</p> <p>High effectiveness (99.7%);</p> <p>Can be used postpartum and during breastfeeding;</p> <p>Administered free of charge from the SNS, (The National Health Service).</p>	<p>Requires a health professional – a doctor or nurse – trained to apply and remove it;</p> <p>It may have side effects or adverse reactions. The most common is amenorrhea (no menstruation). Menstrual irregularities (unpredictable bleeding pattern) and weight fluctuations may also occur;</p> <p>Does not protect against STIs.</p>	<p>Contraindications can be absolute or relative, depending on the woman's health situation and lifestyle.</p>	<p>Subcutaneous;</p> <p>Implanted beneath the skin on the inside of the non-dominant arm;</p> <p>Implant is imperceptible and painless;</p> <p>Contraceptive effectiveness for up to 5 years.</p>

Emergency Contraception





Is a method of preventing an unwanted pregnancy after unprotected sexual intercourse, a failure of the method used or in cases of sexual assault or rape when a woman was not using contraception. It blocks or delays ovulation.



Due to the potential for reduced effectiveness, individuals who use pills, contraception should wait at least 5 days before resuming use of hormonal contraception.

The Yuzpe method, which involves taking a specific dose and sequence of combined birth control pills, is generally considered less effective. As such, it is typically recommended as an alternative only when there is no access to other forms of emergency contraception.

If there is a risk of a sexually transmitted infection you should seek advice from a doctor or nurse.

Advantages 	Disadvantages 	Contraindications 	Method of Use 
Between 52% to 85% effectiveness; Available from the SNS (The National Health Service); Available over the counter; Easy access and use.	There is a decrease in effectiveness of emergency contraception in women with a body mass index greater than 35; Using the Yuzpe method may have side effects or adverse reactions; Does not protect against STIs.	No known absolute contraindications; Side effects may arise such as: nausea, vomiting, dizziness, breast discomfort and headaches.	Oral.

Emergency contraception is a resource to be used in an emergency

Oral Contraceptives – the pill

It is the most widely used and best-known contraceptive method in Portugal.

It can be used by women who want a reversible, non-invasive, safe contraceptive method that does not interfere with the sexual act. They can be combined (with two hormones: oestrogen and progesterone) or progesterone alone.







Progestin pills are a great option for women who:

- Are over 35 years old;
- Postpartum;
- Breastfeeding;
- Cannot or don't want to take estrogens;
- Don't want to do higher doses of hormones.

They have the same contraceptive effectiveness as combined pills.

They differ from each other in the dosage and in the way the hormones are combined, in the duration of the pause and in the occurrence or absence of withdrawal bleeding (menstruation).

They are highly effective contraceptives if taken correctly.

<p>Advantages</p> 	<p>Disadvantages</p> 	<p>Contraindications</p> 	<p>Method of Use</p> 
<p>Highly effective (99,7% with correct use);</p> <p>Does not interfere with the sexual act;</p> <p>It has advantages, in addition to contraception:</p> <ul style="list-style-type: none"> -Regulates the menstrual cycle; -Improves premenstrual tension and dysmenorrhea (menstrual pain); -Decreases risk of pelvic inflammatory disease (PID); -Reduces the risk of ovarian cancer by 50%, endometrium (the inner lining of the uterus); -Reduces the occurrence of ovarian cysts, benign breast disease and anaemia; -Immediate return of fertility after discontinuing the methods; <p>Distributed free of charge by the SNS (The National Health Service).</p>	<p>Taken daily;</p> <p>Some women forget to take it;</p> <p>May have side effects or adverse reactions;</p> <p>Effectiveness may be limited or compromised if taken in conjunction with certain medications (ask the doctor, nurse or pharmacist if starting a new medication);</p> <p>May also occur with some natural products, such as St. John's wort (used for depression, anxiety and muscle tension) and saw palmetto used as anti-inflammatory, diuretic and anti-androgen treats polycystic ovaries, hirsutism, acne...);</p> <p>Weight loss medications can also affect the effectiveness of the pill, by increasing intestinal transit;</p> <p>Vomiting and diarrhea (if within 4 hours of taking the pill) can compromise the effectiveness of the method</p> <p>Does not prevent STIs.</p>	<p>Contraindications can be absolute or relative, depending on each woman's health situation and lifestyle;</p> <p>Women who have had gastric bypass surgeries that affect digestive absorption.</p>	<p>Oral starting on the first day of menstruation;</p> <p>Taken daily, at the same time until the end of the blister pack;</p> <p>In postpartum, it is recommended to start between the 21st and 28th day after delivery if you are not breastfeeding, you can use any type of pill. In case of breastfeeding, progestogens should be used.</p>

You should not start any of these contraceptives without consulting your doctor, nurse and carry out an assessment of your health status

Oops! I forgot! What am I going to do now?

If 12 hours have not passed yet, the effectiveness of the pill has not been compromised. Take the forgotten tablet and continue taking it at the usual time.

If more than 12 hours have passed, take the missed pill (or pills) and continue with your usual schedule. If you have sex, you will have to use a condom for the next 7 days, as the effectiveness of the pill is compromised.

If you are taking any type of medication that interferes with the effectiveness of the contraceptive, you must use a condom during treatment and for 7 days after you finish taking the medication.

In cases of forgetting, do not stop taking the pill, but if you have sex, it is recommended to use the condom

If you have trouble remembering to take the pill, consider using a different method of birth control

**Remember, you can get pregnant!
See your doctor or nurse**

Is it really like that? Myths and truths about the pill

“Time off” from taking the pill.

Taking a “time off” from taking the pill from time to time is a mistake and can lead to an unwanted pregnancy.

Is the pill bad for you?

Currently, the pill has low hormonal doses and, as such, has fewer side effects. Contraceptive advice should be sought before starting to take any pill, allowing you to find out if there are any health conditions that prevent you from taking it and/or if that method is the most suitable for you and your lifestyle. Even though there are some risks, it is necessary to assess whether the benefits of its use outweigh the risks.

Does the pill make you fat?

The pill can cause a weight swing of approximately 1 to 2 kg. This is because some pills can cause bloating due to fluid retention.

Is it possible to get pregnant during the pill-free interval?

The pill is effective during this time if taken correctly.

Am I protected against pregnancy on the first day of taking the pill?

Waiting 7 days after starting the pill to have unprotected sex is recommended. Before starting to take the pill, you must ensure that you are not pregnant (urine or blood test).

Is taking the pill continuously harmful to health?

No. Continuous use, without intervals to “menstruate”, can bring benefits in premenstrual syndrome and in women with anemia.

If I'm traveling to very different time zones. What should I do?

Always take the pill at the time in the country of origin.

7.7. Intrauterine Contraception

Intrauterine contraceptives include the Intrauterine System – IUS and the Intrauterine device (IUD).

They are highly effective and safe contraceptives with few undesirable effects.

They are advisable for all types of women, including teenagers and nulliparous women (never had children), who:

- Don't want to get pregnant soon or no longer want to get pregnant;
- They don't want a definitive method;
- They do not want to take a daily contraceptive.

There are two types of intrauterine contraception: one, which is hormone-free and another with hormones in different dosages.

This is considered a long-term reversible method.







Hormone-Free Copper Intrauterine Device (IUD)

The copper in the IUD, causes an inflammatory reaction in the endometrium.







This provokes the inhibition of sperm motility and survival. It also accelerates egg apoptosis (egg death).

Advantages 	Disadvantages 	Contraindications 	Method of Use 
<p>High effectiveness (99.4%);</p> <p>Fertility resumes immediately after removal;</p> <p>Can be used as emergency contraception for up to 5 days after unprotected sex (It requires a doctor or nurse to be available to place it in a timely manner);</p> <p>Contraceptive efficacy, immediately after placement;</p> <p>Suitable for women who do not intend to take a daily contraceptive;</p> <p>Suitable for who can't, don't intend to, or don't wish to use hormonal contraception and intend to menstruate;</p> <p>Applied free of charge on the SNS (The National Health Service).</p>	<p>Requires a qualified professional (doctor or nurse) to be placed and removed;</p> <p>Increased menstrual flow and possibly dysmenorrhea (menstrual pain);</p> <p>Requires ultrasound control after placement;</p> <p>Some complications may arise, although rare, such as perforation of the uterus (1/1000) and expulsion (6.7%) of the IUD;</p> <p>Does not protect against STIs.</p>	<p>Pregnancy;</p> <p>Uterine malformations and anomalies;</p> <p>Active vaginal Infections;</p> <p>Sepsis puerperal, a severe bacterial Infections;</p> <p>Uterine bleeding;</p> <p>Severe anemia.</p>	<p>Intrauterine;</p> <p>Method for long-term use (up to 10 years of protection with the T380A copper IUD);</p> <p>Placed in the first 5 days of the menstrual cycle or at any time of the cycle, as long as pregnancy is excluded;</p> <p>Can be placed up to 48 hours after delivery (regardless of breastfeeding) and after confirmation of a complete abortion.</p>

Intrauterine System (IUS) with the hormone, levonorgestrel



(LNG), in different dosages (13.5 mg, 19.5 mg and 52 mg), different sizes and duration.

Advantages 	Disadvantages 	Contraindications 	Method of Use 
<p>High effectiveness (99.9%); Fertility resumes immediately after removal; Suitable for women who do not intend to take a daily contraceptive or who can't use estrogens and breastfeed; Reduced hormone concentrations and reduced size; In addition to contraceptive advantages, they have offers additional benefits:</p> <ol style="list-style-type: none"> 1. Uterine bleedin; 2. Decreased menstrual flow, decreased dysmenorrhea (menstrual pain); 3. Anemia. <p>Applied free of charge on the SNS (The National Health Service);</p>	<p>Requires a qualified professional (doctor or nurse) to be placed and removed; Some complications may arise, although rare, such as infection after placement (1%), perforation of the uterus (0,06 to 0,16%) and expulsion (between 3 and 6%); Can appear as side effects:</p> <ol style="list-style-type: none"> 1. Amenorrhea (no menstruation); 2. Acne, headaches, breast pain and weight gain (+/-2 kg). <p>Does not protect against STIs.</p>	<p>Pregnancy; Uterine malformations and anomalies; Active vaginal Infections. Sepsis puerperal; Contraindications can be absolute or relative, related to the use of progesterone and depending on the woman's health situation and lifestyle.</p>	<p>Intrauterine; Method for long-term use (up to 3, 5 and 8 years of protection depending on hormone dosage); Placed in the first 5 days of the menstrual cycle or at any time of the cycle, as long as pregnancy is excluded; Your doctor may recommend an ultrasound after placement; It can be placed 4 weeks after childbirth and immediately after confirmation of a complete abortion.</p>

I've heard so much about uterine contraception! Myths and truths!

Can women who have never had children use it?

Yes, all women, can have or use an IUD/IUS. The important thing is to understand if there are no other factors that make it impossible.

Can it increase my risk of ectopic pregnancy (outside the uterus)?

No, it doesn't increase the risk of ectopic pregnancy.

Will it increase my risk of infertility and pelvic inflammatory disease (PID)?

It won't interfere with your fertility, nor does it increase the risk of PID.

Can it be applied even if you have HIV or HPV?

Yes. There are no contraindications for its application in these two cases.

Is the placement painful?

No. In some situations, and due to the characteristics of the uterus, it can cause some discomfort (like light menstrual cramps). Never having had children doesn't make placement more painful either.

I have a retroverted uterus. Is there a higher risk of perforation?

There are no data to confirm it.

Can uterine contraception be considered abortive?

There are those who say that the copper IUD is abortive, since it is used as an emergency contraceptive, but in reality, it does not cause an abortion. It prevents the possibility of the egg attaching itself to the walls of the uterus.

7.8. Definitive Contraception

Tubal ligation and vasectomy are the methods of contraception chosen by women and men who do not wish to have any more children or have health reasons for doing so. Male or female sterilization should be considered permanent. It is voluntary, performed for people over 25 years of age, upon written declaration, except for medical reasons (Law 3/84-Art. 10).






Bilateral Tubal Ligation

Surgical and definitive method.

It must be very thoughtful. The rate of regret ranges from 2 to 26%.

Women should maintain a contraceptive method until the surgery is performed and for the week after surgery.




Advantages 	Disadvantages 	Procedure 
99,5% effective; Definitive and safe; For women who do not intend to have more children or in situations where pregnancy poses a serious risk to the mother or foetus; Without hormonal changes; Does not interfere with menstrual regularity (ovaries and uterus are maintained) nor with sexual performance and desire; Available through the SNS (The National Health Service).	Irreversible; Requires surgical intervention and general anaesthesia or locoregional; Carries surgical risks inherent to the techniques; Does not protect against STIs.	Surgical; Complete removal of the fallopian tubes is performed; Can be performed during a caesarean section, in the first 48 hours after vaginal delivery or at any other time, if the possibility of pregnancy is excluded.

Vasectomy

A vasectomy is a surgical procedure that consists of ligation of the vas deferens.

Does not increase the risk of prostate or testicular cancer nor does it interfere with sexual performance. It's performed under local anaesthesia.

It has fewer risks than tubal ligation (12 times less mortality and 20 times less morbidity).

Advantages 	Disadvantages 	Procedure 
<p>99,5% effective;</p> <p>Definitive and safe;</p> <p>Does not require general anaesthesia;</p> <p>Suitable for men who do not intend to have more children or in health situations that justify it;</p> <p>Without hormonal changes;</p> <p>Does not interfere with sexual performance and sexual desire;</p> <p>Available through the SNS (The National Health Service).</p>	<p>Irreversible and requires surgical intervention;</p> <p>Carries surgical risks inherent to the techniques;</p> <p>Proof of efficacy after confirmation of azoospermia (absence of spermatozoa in the sperm), 3 months after surgery;</p> <p>Use another method until confirmation of azoospermia;</p> <p>Pain or oedema of the scrotum (swelling in the area of the testicles), infection, bleeding and hematoma may occur, although infrequently;</p> <p>Does not protect against STIs.</p>	<p>Surgical</p> <p>The vas deferens is ligated</p> <p>Can be performed at any time</p>

8. Unexpected Pregnancy: What should I do now?

Even when using contraception, an unplanned pregnancy can occur. In these cases, you can choose to continue with the pregnancy or terminate it. In both situations, you should go to your health centre, ask for an appointment or talk to the nurse or doctor.

Continue the Pregnancy

In Portugal, the right of pregnant women to public and free health services is legislated for monitoring pregnancy, childbirth and the puerperium. The aim of the health service is to assign a family doctor, a nurse specialist in maternal health nursing and the possibility of carrying out consultations and all the tests necessary for monitoring the pregnancy.

During this period, you'll have access to childbirth and parenting preparation programs that help you to prepare a birth plan, care during labour, delivery, puerperium, breastfeeding and baby care. If necessary, you can request support from the social service (social worker).

To find more information following website: https://normas.dgs.min-saude.pt/wp-content/uploads/2023/02/2003/norma_001_2023_org_cuidados_preconcecao_%20gravidez_puerperio.pdf



End The Pregnancy

On the other hand, if your decision is to terminate the pregnancy, you can do so on the SNS for free, if it is up to 10 weeks of pregnancy.

It is processed in three different moments: prior consultation, procedure and follow-up.

You should go to the health centre or even to the hospital and request a consultation for this purpose.

At that time, tests will be requested to confirm whether the pregnancy is progressing, the gestation period, blood group with Coombs test and a complete blood count.

If needed, you are offered psychological support and support from a social service worker. Support from the Portuguese State is explained, in case you wish to continue the pregnancy.

The reflection period is mandatory, which should not be less than 3 days.

The procedure for terminating a pregnancy, which can be surgical or medication, and all precautions to be taken are clarified. You are provided with the necessary documents, containing 4 forms.

The forms must be accompanied by an ultrasound (with image) that confirms that the pregnancy is evolving as well as blood tests. In some health institutions, ultrasound and blood tests are carried out at the place where you are going to terminate your pregnancy.

The procedure is explained to you, the question of the contraception you want to use after the termination of pregnancy is addressed, and the date of the procedure is set, without exceeding the legal deadline for its performance.

On the day of the procedure, you must follow all the instructions given to you and ask questions if you have any doubts.

A follow-up consultation is scheduled no later than two to three weeks after the procedure. In this consultation, the success of the procedure (complete abortion) will be confirmed through clinical history, physical examination, laboratory and/or ultrasound findings. In this period, it is crucial that you choose an effective contraceptive method, and the service will provide some contraceptives for free.

Your fertility will resume quickly. Two weeks later, you'll be fertile once more, which means you can get pregnant again.

You may request a doctor's note to avoid reductions to your monthly income.

To find more information following website: <https://www.sns24.gov.pt/tema/saude-da-mulher/interruptao-voluntaria-da-gravidez/>



Prevention is the best attitude

**You don't have to have another
abortion and experience the feelings
and emotions this entails**

**Use a contraceptive method that
suits you**

Useful Contacts



Reference Hospital

Your Community Health Centre

Your Family Doctor

Your Family Nurse/Midwife

For more information, contact:

Sexual health helpline 808 22 20 03

National Health Service (SNS) helpline 24 808 24 24 24



Or visit:

www.apf.pt

www.saudereprodutiva.dgs.pt

www.descomplica.pt/

www.spdc.pt/

www.sns24.gov.pt/guia/consulta-ivg/



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