

Contraception and Risk Factors for Infertility

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Description

Concerning the practical value of speculum examinations, a number of professional organizations have offered their opinions. Internal pelvic examinations in asymptomatic patients have been discouraged by the US Preventive Services Task Force (USPSTF), the American Academy of Pediatrics (AAP), and the American College of Physicians (ACP), while the American College of Obstetricians and Gynecologists (ACOG) has advocated for shared decision-making. Studies have demonstrated that early discussions and performing the examination in a trusting environment can alleviate concerns and enhance the patient-provider relationship, despite the fact that a pelvic examination can be a stressful experience for adolescents.

In this commentary, we look at the literature and come to the conclusion that performing a pelvic exam on asymptomatic adolescents and young adults is ultimately a shared decision. During the discussions, it is important to emphasize the advantages of carrying out the examination in a setting that is not threatening, reducing the amount of "exceptionalization" of the female genitalia, and enhancing the relationship between the patient and the provider. To conduct a needs assessment to ascertain whether each Canadian Obstetrics and Gynecology residency program must include a mandatory Pediatric and Adolescent Gynecology (PAG) training experience. The 16 ObGyn Residency Program Directors (PD) in Canada was required to participate in a 20-minute structured phone interview as part of this comparative descriptive design. The PD's awareness of PAG opportunities in North America, the viability of a mandatory training experience, and how PAG and Reproductive Endocrinology (RE) objectives are met in each program were the subjects of these recorded interviews.

The Research Ethics Board (REB) has approved this project. According to the participating PDs, PAG training experiences ought to be required in all ObGyn training programs. All participating residency programs identified PAG providers, and efforts should be made to assist these providers in providing ObGyn residents with the educational PAG content they need to become competent in the care of young women and children.

Obstetrics and Gynecology Residency Program

Resident elective opportunities and PAG resources should be made available to PDs. According to a previous study, mandatory training in Pediatric and Adolescent Gynecology (PAG) is supported by Obstetrics and Gynecology (ObGyn) residency Program Directors (PD). This paper discusses the current PAG curriculum and tools, despite the obstacles that prevent PAG objectives from being achieved. These include the short and long curricula developed by the North American Society for Pediatric and Adolescent Gynecology (NASPAG), as well as a simulation curriculum, more than 25 online clinical cases, and a wide range of PAG electives offered throughout Canada. In order to accommodate ObGyn residency training programs, a four-week PAG schedule is provided in this paper. Our findings highlight knowledge gaps regarding risk factors for infertility and suggest that the younger population to which we extended FertiSTAT might be a useful tool. When FertiSTAT is used as a starting point to talk about contraception and risk factors for infertility at an age when risk mitigation would be most effective at preserving future fertility, these findings are interesting. To compare the changes in Body Mass Index (BMI) that adolescents who use long-acting reversible contraceptives (LARCs), specifically the etonogestrel subdermal implant (ENG-implant), levonorgestrel intrauterine device (LNG-IUD), and copper IUD (Cu-IUD), experience between the times a LARC is inserted and six to eighteen months later. Women have typically received counselling regarding contraception, particularly long-acting reversible contraception (LARC). However, male partners and peers may have an impact on the decision to use contraception. This study examined male knowledge and attitudes regarding LARC because there were no previously published studies examining male perceptions of LARC in the United States. Males between the ages of 18 and 24 were interested in learning more about LARC but had limited knowledge of it. This information has the potential to shape interventions that fill in knowledge gaps and ultimately assist women in making choices about supported contraception. When people have the etonogestrel implant, temporary measures like hormonal pills can temporarily lessen the side effect of breakthrough bleeding. The objectives of this

study were to assess the impact of prescribing temporizing measures on implant continuation and to identify demographic factors associated with bothersome bleeding. Perinatal adolescents may benefit from PA-promoting interventions and a reduction in TV viewing during pregnancy and after birth. This study's findings suggest that PA history is a predictor of gestational PA, and that postpartum TV viewing and low PA highlight the need for behavioural intervention. In the early stages of pregnancy, a brief examination of PA history may provide valuable information. Given that adolescent women with a younger gestational age received less social support from their spouses, the findings demonstrate that social support is extremely important for pregnant adolescents. Nurses should assess the pregnant adolescent's family, particularly their partner, in terms of the social support they provide to the pregnant woman and provide the necessary counselling to these women. Adolescent mothers have a unique ability to identify and utilize birth experiences, stress patterns, and support networks.

Magnetic Resonance Imaging Scans

This group of young minority adolescents felt empowered by being heard and connected to providers. Future perinatal adolescents' educational courses, programs, and hospital innovations may be influenced by participant feedback. For clinicians to suspect torsion in symptomatic adolescents without an ovarian mass, the presence of free fluid in the abdomen and follicle peripheralization on ultrasound, both of which indicate ovarian edema, are important. In addition, these patients had a higher degree of torsion. To guide future comprehensive surveillance and assist in diagnosis and treatment, it is essential to take into account the DICER1 mutation in tumors with unique

presentation and complex pathology. Patients who have Sawyer Syndrome should have bilateral salpingectomies and bilateral gonadectomies recommended as their preferred surgical procedure. A pediatric patient with recurrent growing teratoma syndrome is the subject of this report. She was treated with chemotherapy, debunking procedures, and cryoablation for the growing nodules in her abdomen. Without a malignant tumor that has recurred, the patient has had a favourable clinical outcome. A 15-year-old girl went to the emergency room with severe pain in her right lumbar and lower abdomen. A computed tomography (CT) scan of the abdominal cavity and pelvis revealed the presence of an abnormal mass. The concentrations of -fetoprotein (AFP) and human chorionic gonadotropin were less than 2 ng/mL at admission. The initial surgery was carried out. Immature teratoma with elements of epithelium was found by histopathology. Within eight weeks, AFP was returned to normal. A steady rise in AFP was observed five months after surgery. Local relapse was observed during pelvis minor CT and magnetic resonance imaging (MRI) scans. Despite the normalization of the AFP concentration, evaluation of the remission after two blocks of preoperative chemotherapy revealed the presence of a large tumor mass in the pelvis minor. Numerous abnormal white nodules in the peritoneum were observed after opening the abdominal walls. Glial tissue that was mature was found by histopathology. Histopathology revealed the presence of mature teratoma after the remaining tumor mass was removed. Chemotherapy was continued following surgery. The patient continues to be in clinical and laboratory remission at this time. Even though it is uncommon, pediatric patients who have been diagnosed with either condition should always take into account the possibility of GP and GTS occurring simultaneously.