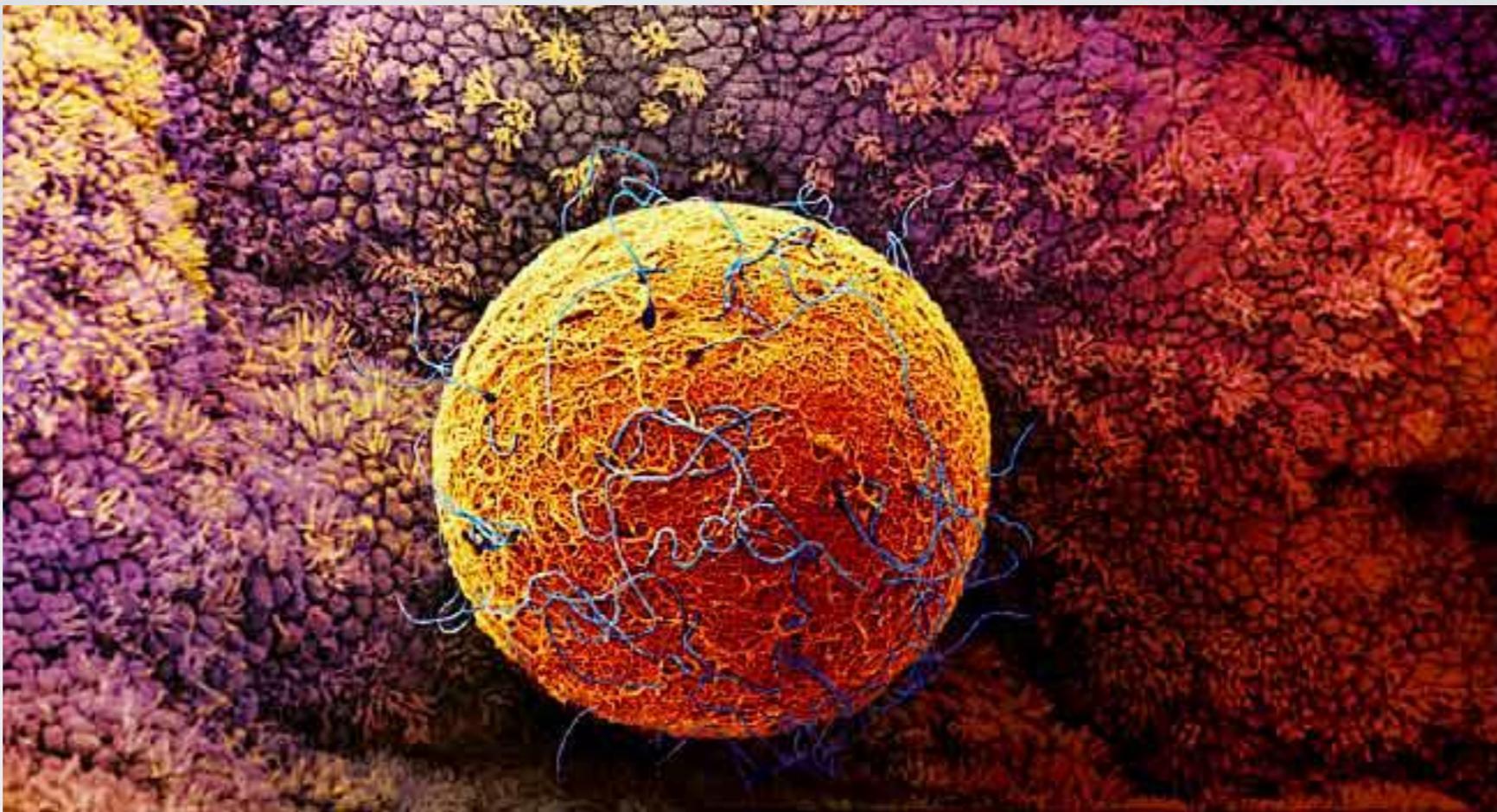


SEX BEZ DETÍ

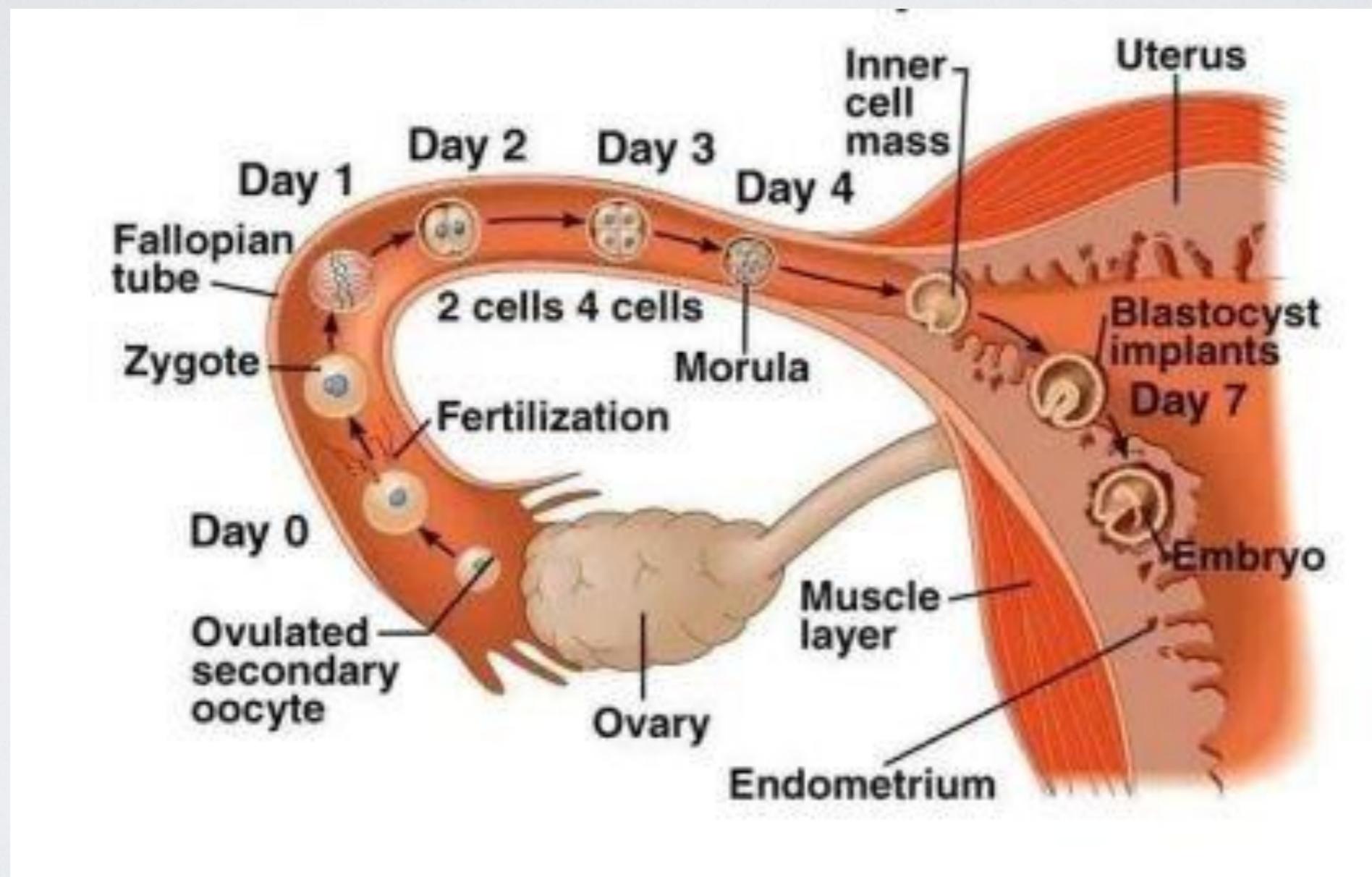
The Pill

Tomáš Henžel



- vajíčko žije do 24 h
- spermia v žije pošve 30-60min
- spermia žije v maternici do 3 dní
- spermia sa z krčku maternice k vajíčku dostane za 5-10 min

OPLODNENIE - UHNIEZDENIE



KEDY ZAČÍNA ĽUDSKÝ ŽIVOT?

- v momente oplodnenia (je oocyt Homo Sapiens)
- až keď sa uhniezdi (7-10 deň)
- zárodek neuro systému (3.týždeň)
- prvý úder srdca (4. týždeň)
- životoschopné (23-24. týždeň)
- prvý nádych

**ANTIKONCEPCIA = OCHRANA PROTI POČATIU
MECHANICKÝMI, CHEMICKÝMI ALEBO
HORMONÁLNYMI PROSTRIEDKAMI A KONCEPČNÝMI
METÓDAMI**

1) Zabrániť spojeniu vajíčka a spermie

- bariérové metódy = kondom (15), pesar (12), prirodzené metódy (meranie bazálnej teploty, Billingsova hlienová metóda), prerušovaná súlož (18), spermicidné peny (10-20), sterilizácia

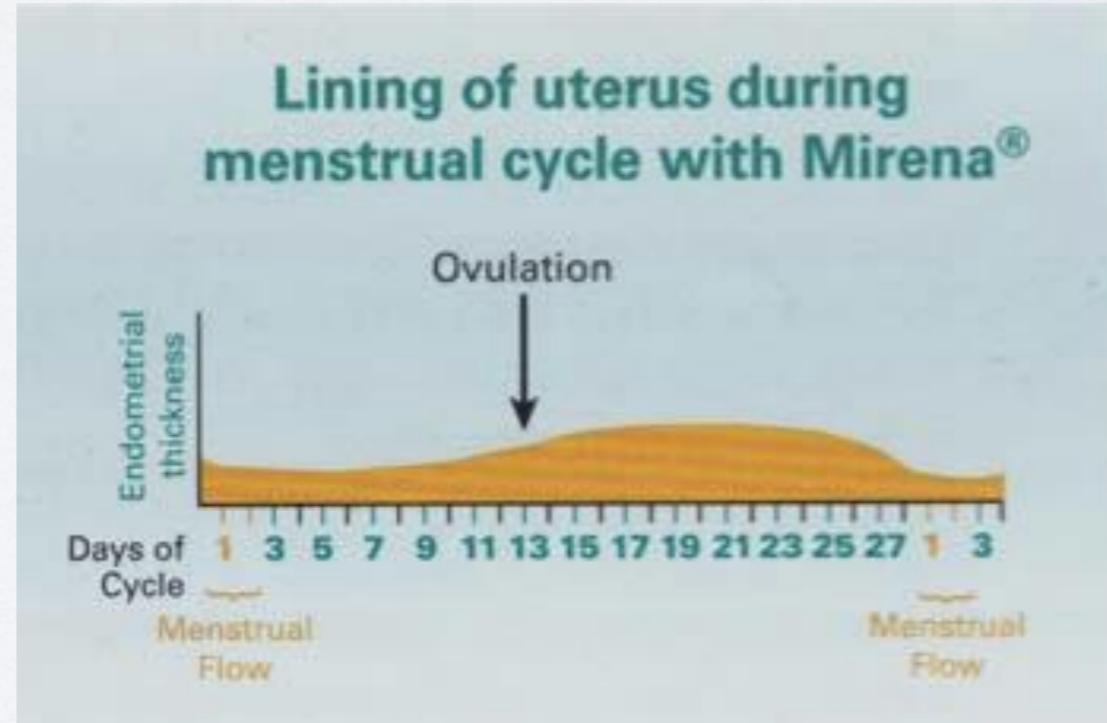
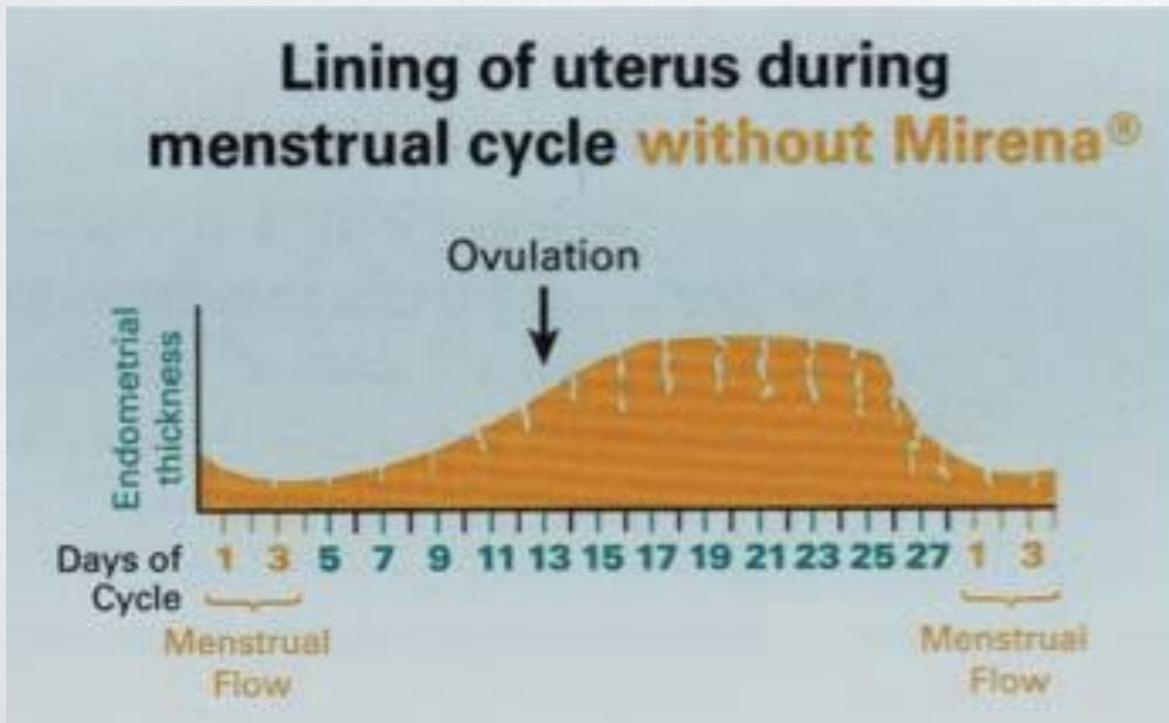
Pearl Index = počet otehotnení u 100 žien za 1 rok používania danej metódy

ANTIKONCEPCIA = OCHRANA PROTI POČATIU MECHANICKÝMI, CHEMICKÝMI ALEBO HORMONÁLNYMI PROSTRIEDKAMI A KONCEPČNÝMI METÓDAMI

Od r. 1975 môžeš vyrábať a predávať ako antikoncepciu aj výrobky, ktoré zabraňujú uhniezdeniu, pretože IMPLANTÁCIA je definovaná ako začiatok tehotenstva = 7-10 po oplodnení/počatí

2) Zabrániť nidácií/uhniezdeniu oplodneného vajíčka

- IUD = vnútromaternicové teliesko
- Mirena - levonogestrol



MECHANIZMUS ÚČINKU TABLETKY

kombinovanej HAK (estrogén + Gestagén)

- zabraňuje ovulácií = vajíčko sa nevyplaví
- zmena cervikálneho hlienu = spermia sa ďažko dostane do maternice
- ovplyvňuje motilitu vajcovodov (mierne)
- nízke endometrium = oplodnené vajíčko sa nezachytí

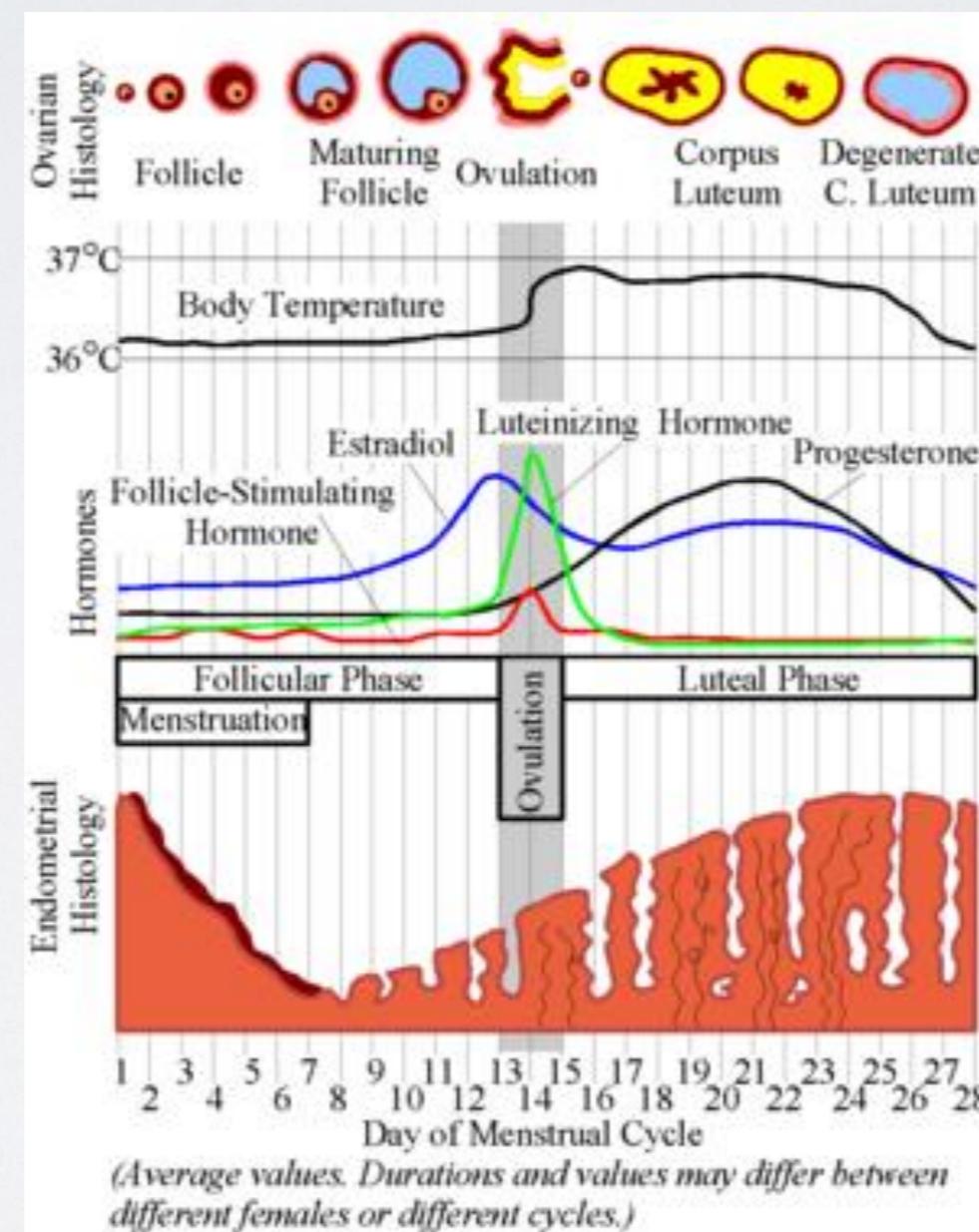
ARGUMENT PROTI HAK

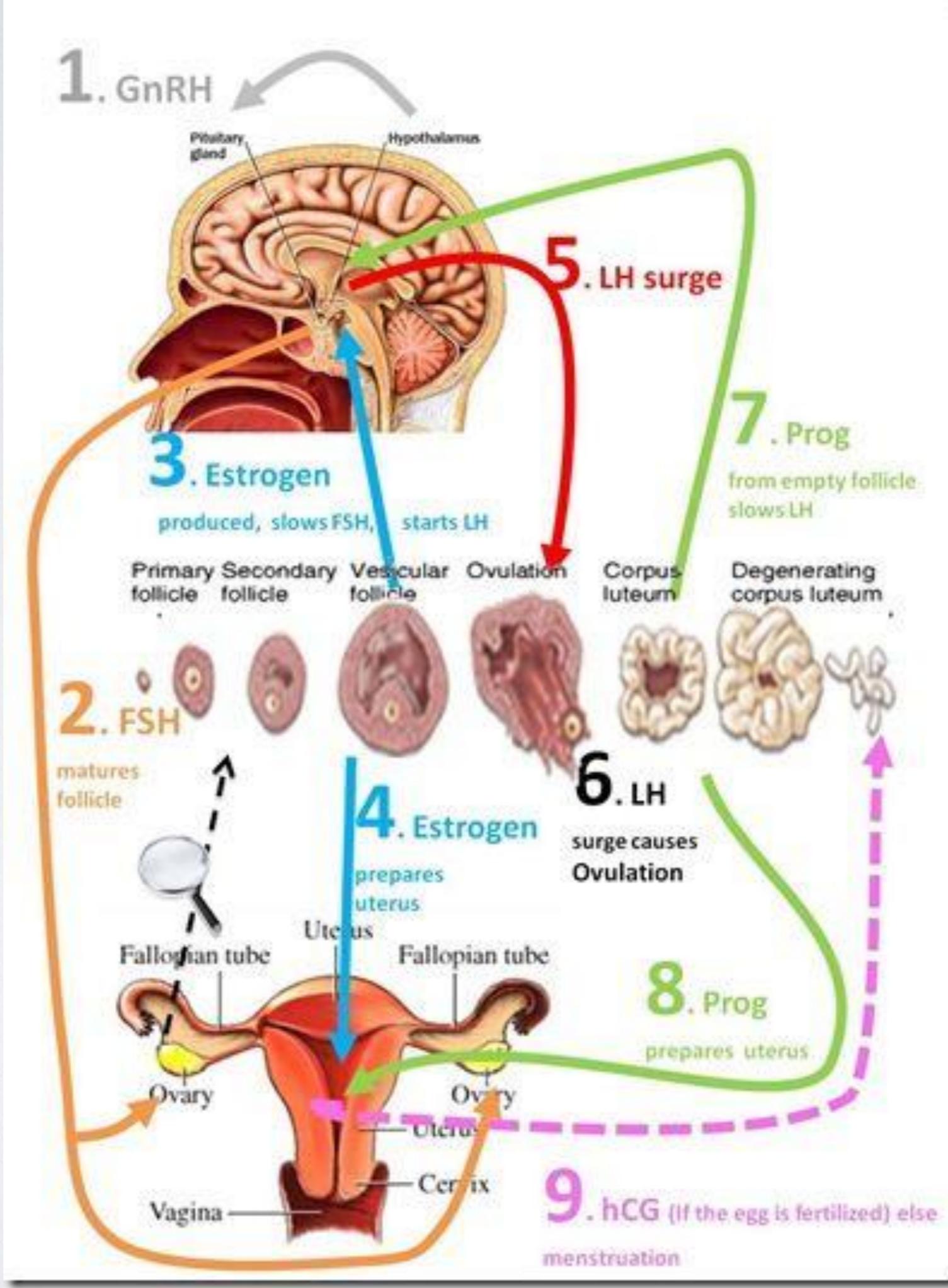
- ak zlyhá, vyplaví sa vajíčko
 - ak zlyhá, spermia prejde krčvom a oplodní vajíčko
 - ak zlyhá, oplodnené vajíčko sa nedokáže uchytíť v endometriu
- = HAK môže spôsobovať potraty. Je abortifient.

ARGUMENT ZA HAK

- ak zlyhá, vyplatí sa vajíčko (breakthrough ovulation)
 - ak zlyhá, spermia prejde a oplodní vajíčko
 - ak zlyhá, oplodnené vajíčko sa aj tak dokáže uchytíť v endometriu, lebo:
 - a) jeho výšku určuje Corpus Luteum
 - b) zlyhali ostatné mechanizmy, tak zlyhal aj tento
 - c) dochádza k tehotenstvu aj na HAK
- = HAK nespôsobí potrat

MENŠTRUAČNÝ CYKLUS





MÁ HAK ABORTÍVNY EFEKT?

*This two-page summary was researched by Focus on the Family's Physicians Resource Council (24 members) and reflects Dr. Dobson's opinion regarding hormonal birth control. It says, in part, “**The majority of the experts to which Dr. Dobson has spoken feel that the pill does not have an abortifacient effect. A minority of the experts feel that when conception occurs on the pill, that there is enough of a possibility for an abortifacient effect...to warrant informing women about it.**”*

This scientific summary was approved by the CMDA Board of Directors and concludes, “*...while additional investigation is needed, current knowledge does not confirm or refute conclusions that routine use of hormonal birth control causes abortion.*”

The American Association of Pro-Life Ob-Gyn: *...there are times when our knowledge of the truth is incomplete, and we must peer through the fog to make, and act upon, judgements about the information available to us. In These settings, individuals wholeheartedly committed to the truth can come to different conclusions. So it is with us.*

This white paper is the result of the research into this issue by the National Director of WELS. Rev. Fleischmann concludes, “**I cannot bring myself to recommend the birth control pill, but I also cannot condemn it at this point.** I think people should know of the questions concerning in and make the difficult decision for themselves as they have to make difficult decisions all the time. **As for me, I find it difficult to recommend the pill with its potential for being an abortifacient when I can more comfortably recommend other birth control methods that clearly do not carry such a risk, such as natural family planning...”**

“Perhaps we should tell our patients about this controversy. But what exactly do we tell them? Is there a high risk or low risk of causing abortion? I tell them that there is an unknown risk but that risk can be reduced to a tolerable level through responsible pill taking.”

CMF- FAMILY PLANNING

PROFESSOR JOHN GUILLEBAUD

- Male and female **sterilisation**
- The combined oral contraceptive pill (COCP), provided the pill-free interval (PFI) is never lengthened. For added security, the **PFI could be shortened to 4 days on a regular basis**; or there is the option of a tricycle regimen. - in which the PFI is eliminated usually for four, three or sometimes (for better bleeding control) two monophasic pill cycles and then also shortened after each run of packets.[11]
- **Cerazette** is a new continuously-taken POP that is as effective as the COCP at blocking ovulation plus blocks sperm by the mucus effect. Moreover, it is taken 365 days a year and so does not have the COCP's weakness of regular 7-day breaks from its actions
- **Implanon** is a subdermal implant whose hormone content and actions are very similar to Cerazette. It should be replaced no later than the licensed three years
- **Depo-Provera** is another anovulant method. If the 12 week injection interval is never exceeded, it is not thought that Depo-Provera would ever use a post-fertilisation mechanism. Someone wanting even greater confidence on that point could be offered injections every 10 weeks
- **Full breast-feeding combined with the POP or Depo-Provera.** With the old-type POP, there would only be a slight risk of breakthrough ovulation (and hence the back-up anti-implantation mechanism being used) during weaning. As soon as the baby was not obtaining 100 percent of its nutrition from breast-feeding, the woman should change to Cerazette, a COCP, Depo-Provera or use additional barrier contraception effectively
- **Male and female barrier methods** and all spermicides, though the latter have a high failure rate
- **All fertility awareness methods**
- **Coitus interruptus**

INDIKÁCIA A KONTRAINDIKÁCIE TABLETKY

Absolútne kontraindikácie kombinovanej hormonálnej antikoncepcie.

Dojčiace ženy do 6 mesiacov od pôrodu (nedojčiace do 3 týždňov od pôrodu)

Fajčenie viac ako 15 cigariet denne u ženy staršej ako 35 rokov

Hypertenzia 160/100 torr a viac, alebo hypertenzia s arteriálnymi komplikáciami

Hlboká žilová trombóza, aktuálna alebo v ana- mnéze, alebo nosičstvo trombofilných mutácií

Migréna s aurou

Diabetes mellitus s cievnymi alebo renálnymi komplikáciami

Karcinóm prsníka

Ochorenia pečene s poruchou funkcie a nádory pečene

Relatívne kontraindikácie kombinovanej hormonálnej antikoncepcie.

Dojčiace ženy 6 mesiacov po pôrode

Fajčenie

Migréna bez aury

Zvýšené riziko kardiovaskulárnych ochorení

Trombofilné mutácie

Karcinóm prsníka po 5 rokoch po liečbe

Cholelithiáza a ochorenia pečene

Hypertenzia

Liekové interakcie

Prínosy kombinovanej hormonálnej antikoncepcie.

Dokázané	Možné
Kontrola krvácania	Benígne ochorenia prsníkov
Hyperandrogénny syndróm	Kolorektálny karcinóm
Sideropenická anémia	Myómy maternice
Funkčné ovariálne cysty	Reumatoïdná artritída
Karcinóm ovária	Thyreopatie
Karcinóm endometria	Kostná hmota
Mimomaternicové tehotenstvo	
Dysmenorea	
Zápaly v oblasti malej panvy	

Riziká kombinovanej hormonálnej antikoncepcie.

Dokázané	Možné
	Kardiovaskulárne komplikácie Karcinóm krčka maternice

MORNING AFTER PILL

- záchranná brzda
- ak vajíčko nie je vyplavené, oddališ ovuláciu
- ak je vajíčko vyplavené, máš 72h na to, aby si zabránil implantácií

....a vôbec NA ČO JE SEX (v manželstve)?

- naplnenie manželského zväzku (Gen 2:24)
- plodenie detí (Gen 1:26,28)
- prejav lásky (Veľpieseň 2:7, 3:5, 8:4)
- potešenie (Prísl 5:18-19)
- ochrana čistoty (1 Kor 7:2)

