



ADVERSE EFFECTS OF SUBDERMAL CONTRACEPTIVE IMPLANTS IN USERS OF THE HOSPITAL: DRA. MATILDE HIDALGO DE PRÓCEL

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Abstract

The present study has as a priority to determine the adverse effects of subdermal contraceptive implants in the users of the Maternal and Child Hospital “Dra. Matilde Hidalgo de Prócel” from May to October 2017, a study was carried out using quantitative methodology, applying an analytical and synthetic method, through surveys applied to 98 users attended at the Matilde Hidalgo de Prócel Hospital. We found that the age group with the greatest use of implants is between 20 and 35 years old, representing 83% of the population. We determined that in the users who use the subdermal implant as a contraceptive method they have an adverse effect related to the emotional lability represented in 51%, referring to the alterations of the menstrual flow, we registered that 46% of the users who used the implant, presented an alteration of your menstrual cycle characterized by a lack of menstruation for more than 3 months. Headache was presented as the main biological effect with 31%, followed by 29% with weight gain, in terms of implant effectiveness, 43% of the users surveyed said they accessed it for its effectiveness. We found that Implanon (3 years) is the type of implant most used by the users represented by 70% of the sample.

Keywords: Adverse; Contraceptive; Hospital.

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1. Introduction

Currently, the most commonly used subdermal contraceptive preventive methods are Jadelle and Implanon: Jadelle's contraceptive effect is 5 years, and that of the Implanon is 3 years; Jadelle consists of two rods, in which each of 75 milligrams of levonogestrel; This is the hormone that resides in the implants and is released in small doses to prevent fertilization. The Implanon that refers to a rod with 68 milligrams etonogestrol, a derivative of levonogestrel, the dose is lower because they have a better effect over time as well as being safe, comfortable and accessible.

Subdermal implants are one of the best advances in modern contraceptive technology, which are placed in the women's arm and are 99% effective for 3 to 5 years, contain low doses of progesterone, are extremely cautious and offer reversibility. Long acting.

Today, subdermal contraceptive implants are widely used by users of the Matilde Hidalgo Maternity Hospital of Prócel, considering that the subdermal implant is currently the most commonly used contraceptive technique for family planning, it is essential to know its efficacy and safety, and also its complications and side effects, which is the reason why it constitutes a public health problem that must be solved due to the abandonment of the subdermal hormonal method. Thus, in the Maternal and Child Hospital Dr. Matilde Hidalgo de Prócel has shown deficiencies and limitations in terms of formal training practices for users, the lack of information and guidance of users of childbearing age and in some part of the staff of work related to the use of the contraceptive method, and also a part of the difficulties that can be avoided or resolved early. Therefore, in compliance with the rights of Ecuadorian women who have the right: to health care for free of quality and warmth of duly authorized contraceptive techniques and to know the possible side effects derived from their use; This research has the purpose of determining the efficacy and the main adverse effects derived from the use of subdermal implants, in order to guarantee a safe, healthy, satisfactory sexuality and achieve Good Living.

2. Materials and Methods

The present investigation is quantitative, observational field, prospective, the study sample is 98 users attended at the Matilde Hidalgo de Prócel Hospital in the province of Guayas, in the city of Guayaquil, the period is from May to October of 2017

Inclusion criteria:

- Users who go to the hospitalization area in the immediate postpartum period.
- Users who perform family planning with subdermal implants: Levonogestrel and etonogestrel.
- Users with ages ranging from 15 to 36 years old.
- Users that are within the study period.

Exclusion criteria

- External consultation users of the gynecology area.
- Users who do family planning with other contraceptive methods.
- Users with ages under 15 years and over 36 years of age.
- Users that are outside the study period.

Technique was the survey, the instrument for data collection, which was used was the data collection sheet, which aims to identify the level of knowledge of the implant as a contraceptive method and determine key characteristics for the evolution of this study.

3. Results

Table 1: Age of the users with subdermal implants.

Age	Frequency	Percentage
15 - 19	13	13%
20 - 35	81	83%
36 years	4	4%
TOTAL	98	100%

Table 2: Psychological effects in users with subdermal implants.

Psychological Effects	Frequency	Percentage
Depression	10	10%
Irritability	16	16%
Anxiety	10	10%
Emotional lability	50	51%
Decreased libido	13	13%
Total	98	100%

Table 3: Most frequent adverse effects that have occurred after the use of the subdermal implant.

Adverse Effects:	Frequency	Percentage
Acne	7	7%
Migraine	30	31%
Weight gain	28	29%
Irregular menstrual cycle	15	15%
Decreased libido	4	4%
sickness	4	4%
Threw up	3	3%
Mastalgia	4	4%
Liquid withholding	3	3%
Total:	98	100%

Table 4: Most commonly used subdermal implant type.

Tipo de implante	Frecuencia	Porcentaje
Implanon (3 años)	69	70%
Jadelle (5 años)	29	30%
Total	98	100%

4. Discussion

It was identified among the surveyed users that the age group with the greatest use of implants is between 20 and 35 years old, representing 83% of the studied population that suffer from adverse effects produced by subdermal implants.

- It was determined that users with subdermal implants have an adverse effect related to emotional lability represented in 51%, while 16% represent states of irritability, decreased libido 13%, and in a smaller percentage 10% have symptoms of depression and anxiety

- Among the main biological effects resulting from the use of migraine subdermal implants with 31% of the users surveyed, followed by 29% with weight gain, 15% presented irregular menstrual cycle, 7% acne, and finally 4% and 3% had decreased appetite, nausea, vomiting, mastalgia and fluid retention.

70% use the Implanon (3 years) and only 30% have Jadelle (5 years).

5. Conclusion

The study was conducted in users between the ages of 15-36 years, to determine the adverse effects of using the subdermal implant, considering that the implant is currently the safest and most effective contraceptive technique for family planning, it is essential to know its effectiveness and safety, in addition to its complications and side effects, which is the reason why it constitutes a public health problem. The effectiveness, safety of the contraceptive method, is the main reason why users accessed the subdermal implant. Among the three main adverse effects we find: migraine 31%, weight gain 29%, irregular menstrual cycle 15%. In the type of implant that were used were: Implanon (3 years) 70%, Jadelle (5 years) 30%.

Confidentiality

The personal data of the patients will be protected indications of the medical ethics.

Conflicts of Interest

The authors declare not to have any interest conflicts.

References

- [1] Náples Mendez D, Pilot Padrón M. Physiological foundations on suffocation in peripartum. MEDISAN [Internet]. 2014 Mar [cited 2017 Jun 11]; 18 (3): 393-407. Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1029-30192014000300014&lng=en.
- [2] Espinoza R J. Fetal suffering. Rev. Chil. pediatrics [Internet]. 1973 Dec [cited 2017 Jun 11]; 44 (6): 523-529. Available in: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0370-41061973000600002 & lng = en. <http://dx.doi.org/10.4067/S0370-41061973000600002>
- [3] Naples Méndez D. Current controversies to define alterations of fetal well-being. MEDISAN [Internet]. 2013 Mar [cited 2017 Jun 11]; 17 (3): 521-534. Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1029-30192013000300014&lng=en.
- [4] Ventura Laverian Wa, Mazarlo Redondo C. Sclincial ignified pathological doppler in the median cerebral artery in third trimester fetuses. Rev. Chil. obstet gynaecologist [Internet]. 2010 [cited 2017 Jun 10]; 75 (6): 405-410. Available in: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S071775262010000600010&lng=en. <http://dx.doi.org/10.4067/S0717-75262010000600010>
- [5] Except FB, Flowers A J, Alarcón R J, N acharH R, Walls V. Low apgar test risk factors in newborns. Rev. Chil. pediatrics [Internet]. 2007 Jun [cited 2017 Jun 10]; 78 (3): 253-260. Available in: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S037041062007000300003&lng=en. <http://dx.doi.org/10.4067/S0370-41062007000300003>
- [6] Amador de Varona Ca I, Rodríguez Fernández J M, Mari Pichardo A, Valdés Dacal Sigfrido. Oligohydramnios: fetal health meter. AMC [Internet]. 2013 Dec [cited 2017 Jun 11]; 17 (6):

- 121128Availablein: http://scielo.sld.cu/scielo.php?Script=sci_arttext&pid=S102502552013000600007&lng=en
- [7] Martinovic Titiro C, Carvajal C J A. Placental brain index in adverse perinatal result prediction and fetal heart rate alterations in uncomplicated pregnancies of 40 weeks and more. Rev. Chil. obstet gynaecologist [Internet]. 2015 Dec [cited 2017 Jun 11]; 80 (6): 520-522.
- [8] Parra C Mauro, San Martín O A, Valdés R E, Hasbún H Jorge, Quiroz V L, Schepeler S M et al. Clinicalespectro of preeclampsia: comparative study of its varying degrees of severity. Rev. Chil. obstet gynaecologist [Internet]. 2007 [cited 2017 Jan 20]; 72 (3): 169-175. Available in: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0717-75262007000300007&lng=en. <http://dx.doi.org/10.4067/S0717-75262007000300007>.
- [9] Clapés Hernández S. Diabetes mellitus, oxidative stress and pregnancy. Cuban Rev Invest Bioméd [Internet]. 2000 Dec [cited 2017 Jan 20]; 19 (3): 191-195. Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-03002000000300008&lng=en.
- [10] Peace R. From, Hernandez-Navarro F .. Management, prevention and control of pernicious anemia. Mr. Nutr. Hosp. [Internet]. 2005 Dec [cited 2017 Jun 12]; 20 (6): 433-435. Available in: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0212-16112005000800011&lng=en.
- [11] Martínez González L R, Torres García W, Pérez Martínez C. Experience with the fetal biophysical profile in our environment. Rev Cuban Obstet Ginecol [Internet]. 1997 Jun [cited 2017 Jan 20]; 23 (1): 31-36. Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0138600X1997000100006&lng=en.
- [12] Becerra César, Gonzales G F., Villena Ar, de la Cruz D, F A. Prevalence of anemia in pregnant women, Pucallpa Regional Hospital, Peru. Rev Panam Public Health [Internet]. 1998 May [cited 2017 Jan 20]; 3 (5): 285-292. Available from: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1020-49891998000500001&lng=en. <http://dx.doi.org/10.1590/S1020-49891998000500001>.
- [13] Tejerina Morató H. Neonatal asphyxiation. Rev. Bowl. Ped. [Internet]. 2007 Jun [cited 2017 Jun 11]; 46 (2): 145-150. Available in: http://www.scielo.org.bo/scielo.php?script=sci_arttext&pid=S102406752007000200012&lng=en.

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