



THE HEALTH PROVIDER

THE OFFICIAL NFPB NEWSLETTER

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MATERNAL CARE MATTERS LIVE SERIES

TOPIC: **Assisted Reproductive Technology**

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GUEST SPEAKER:
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LIVE

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Q. What other financing options are available? What if I don't want to go through the banks? Will you provide grants, aid to families?

A. No, not at this point. In the past there were problems collecting outstanding debt.

Q. How confident are you that the insurance companies will embrace this? In other parts of the world is it an insurance claim? What is the advocacy like? What can people do to move this along?

A: If more NGOs came on board and applied some more pressure to the insurance companies, and even the government we might see movement in a positive direction. In the US, a number of insurance companies cover infertility.

ASSISTED REPRODUCTIVE TECHNOLOGY - MALE FERTILITY ISSUES *continued.*

Guest Dr. Vernon DaCosta, Director, Hugh Wynter Fertility Management Unit

Q. At what age should a man get tested?

A. If a year has passed and they are unable to conceive they need to get tested.

Q. How does Jamaica compare to other countries in embracing the use of the technology?

A. Patients come from the Caribbean and the diaspora. They are definitely embracing the technology.

Q. Can concentrated use of okra lead to male infertility?

A. Okra is a very good plants with lots of benefits for people with diabetes, but the seed in okra can lead to infertility in men (20%). If you are having a problem impregnating your partner you need to go to the HWFMU and do a semen analysis. Take out the seed and eat the rest of it – perfectly fine.

For men with severe oligospermia, stop eating the okra seed as there is a possibility that it is creating the damage. Of those affected it can be a permanent damage in some of these men.

Most of these studies are out of Nigeria.

Q. Are there any other foods or lifestyle habits that men should avoid as they exacerbate the need for ART?

A. Lifestyle behaviours like smoking or excessive smoking, excessive alcohol intake, obesity have a negative effect on male fertility. In obesity in men there is excessive fat in the scrotum increasing the temperature around the testicle that suppresses sperm production. By exercising and better nutrition, sperm production can be improved.

Obesity can also affect women's fertility. Exposure to certain chemicals used in jobs can cause problems of infertility.

Eat a well-balanced diet, avoid smoking, avoid alcohol and junk food, do exercise, have a normal body weight for your height (body mass index).

Q. Are there certain foods or drink that promote fertility in men?

A. Eat a balanced diet that has good high quality, healthy proteins -Fresh fruits and vegetables, pay attention to your cooking oils –

avoid vegetable oil and use coconut or olive oil. Avoid all processed and fatty meats. Canned fish like sardines, salmon and tuna are good. Eat fish from the sea, avoid pond fish.

When men are being treated it is to make sure their micronutrients are at required levels. Eat health and fresh fruits and vegetables, and good quality protein.

Q. In a recent case the surrogate has more legal rights than the donors of egg and sperm. Is this a threat to ART and has there been redress for this gap?

A. The law in Jamaica is that if you deliver a baby you are the legal parent. Until we get the law changed, the surrogate can have their own lawyer and so too the intended parents. They are advised that should they get to court for a custody battle it is the judge's opinion that matters at the end of the day.

It is also good to have the document that states the surrogate agrees to give up the child after delivery. Also, DNA testing can determine the biological parent and can have an effect on the judge's decision.

Meetings and workshops are being held by the HWFMU with lawyers, people in the government on the issue of surrogacy and they are putting together a White Paper on what is happening and what changes they would like to see on surrogacy and IVF.

Q. Is counselling or psychological support required for any form of ART?

A. Yes, the Unit offers counselling to all clients for ART. A few clients will decline and they have to sign a waiver.

Q. Is the facility available for single mother, single fathers in Jamaica?

A. Yes it is available for them and also for

same-sex couples. They are seeing a lot of single, professional women coming in for donor sperm.

Q. Are there any other changing needs, global trends or other issues that HWFMU are concerned about around ART and seeing the need for change or for more information or sensitization around the issue, apart from services?

A. CRISPR (an acronym for Clustered Regularly Interspaced Short Palindromic Repeats) or Gene manipulation offers potential for designer babies. It is not being done currently and we need to be careful about how it is introduced. It can be used for good things but it can also be misused (for example manipulating to get a baby with particular hair or eye colour).

Q. But it could get rid of or eliminate chances of genetical diseases.

A. Yes, the technology can be used to treat conditions such as sickle cell disease.

Q. If someone wants to donate eggs or sperm is it something they do gratis or free, or is there compensation?

A. Yes there is compensation for the risk they are taking and/or for time off from work. In the UK they are looking at what is a good compensation package. Visit or call the HWFMU, go on the website, Facebook and Instagram pages in order to start a conversation.

Closing:

Infertility is becoming an increasing problem and is due mainly to the fact that more women are entering the workforce, attaining positions of power, and delaying childbearing leading to increase in infertility rate.

Men!

- Women are saying they cannot find good men.

- Concerning the disparity in male to female ratio pursuing higher education, men need to speak to and guide young men and boys about the importance of a good education.

Women!

- If you are delaying childbearing come in at 34 and get ovarian reserve testing done and if it is low then it's advised that they get pregnant as soon as possible, or freeze some eggs/gametes.

Doctors!

- Remember age is a significant determining factor of infertility. Doctors if you have been treating a patient for over a year without success refer them to a fertility specialist (if they are over age 35) who can treat them properly and age would then not be their main problem at that point in time.



INTRODUCTION OF MYGESTY® INTO LOCAL PUBLIC SECTOR FAMILY PLANNING CLINICS

Mygesty®, an injectable contraceptive produced by Mylan Industries, India, is being introduced to Jamaica's public health clinics by the National Family Planning Board (NFPB) in the coming weeks. The NFPB received approval from the Pharmaceutical Division of the Ministry of Health and Wellness to import the drug. Under the Family Planning Act, 1970 the National Family Planning Board is the agency of Government with responsibility for the procurement of contraceptives.

Mygesty® is a generic version of Depo Provera® that was manufactured by pharmaceutical company, Pfizer. The move to introduce Mygesty® comes about as the United Nations Population Fund (UNFPA) has reported to the NFPB that Pfizer is facing challenges with registering the product in Belgium. UNFPA has further advised that the NFPB should instead procure this generic version, Medroxyprogesterone acetate (MPA) 150 mg/ml. To avoid a stock out of the injectable the NFPB will commence distribution of Mygesty®.

The UNFPA conducts procurement services for the NFPB under the Reproductive Health Commodity Security Programme (RHCS). This service allows the NFPB to benefit from a wider solicitation of competitive proposals; and the sourcing of cost-effective pricing on purchases of large quantities of contraceptive commodities.

Mygesty®, like Depo Provera®, is injected into a muscle, whether the upper arm or buttock, every three (3) months by a trained physician. Within the first five (5) days of a menstrual period the drug can be administered as there is the

assurance that the woman is not pregnant. The product can also be used by women who have just given birth, or who are within their first three (3) months of a pregnancy loss or abortion.

It is also advised that the client receives their follow up injection by the thirteenth week for continued protection against pregnancy, as the discontinuation of the contraceptive method will result in a return to fertility.

Mygesty® does not protect against sexually transmitted infections and HIV/AIDS. The NFPB actively promotes dual method use for protection against pregnancy and STIs.

A full medical history should be taken from women interested in using Mygesty®

As with acceptors of Depo Provera®, women who use MPA may lose bone mineral density, resulting in brittle bones. It is greater with increasing duration of use and may not be completely reversible. As a precaution it is advised that the drug should not be used longer than 2 years.

Smokers of cigarettes and/or tobacco are to be advised not to use medroxyprogesterone acetate as they will be at an increased risk of blood clots, high blood pressure, stroke, and heart attack. Mygesty® increases a woman's risk of breast cancer; and rarely causes serious problems associated with blood clots in non-smokers.

Research into the product has detailed possible common side effects as irritation or pain at the injection site, weight gain, tiredness, nausea, bloating, swelling, acne, headaches, changes in appetite, hot flashes, or breast tenderness. During the first few months of use it is not uncommon for clients to have vaginal bleeding between periods (spotting) or missed or irregular periods.

More serious side effects are jaundice, swelling of feet and ankles, changes in mood or mental state (for example depression), persistent nausea or vomiting, changes in sexual interest or ability, seizure, darkened urine, or severe bone/stomach/abdominal/pelvic pain.

Clients should be advised to seek immediate medical attention if they have an allergic reaction or start to experience breathing problems; sudden unexplained problems with vision or speech; pain or swelling in the abdomen or calf; headaches, confusion, dizziness or fainting; pain in the chest, jaw or left arm; unusual sweating or weaknesses on one-half of the body.

Sources used:

<https://www.healthlinkbc.ca/medications/fdb7120>

Medroxyprogesterone Intramuscular: Uses, Side Effects, Interactions, Pictures, Warnings & Dosing - WebMD

Here are some useful Facts about Jadelle:

DID YOU KNOW?

The JADELLE IMPLANT is:

- A long-lasting and effective contraceptive, lasting 3-5 years.
- A way to reduce heavy and painful periods.
- More than 99% effective.

LIVE LIFE BEFORE YOU GIVE LIFE

#LIVELIFE4UGIVELIFE

USE A CONDOM AND CONTRACEPTIVE. EVERY TIME.

NFPB JAMAICA WWW.JNFPB.ORG

- **While on Jadelle® you must use a condom to prevent HIV and other STIs.**
- **By calling the Marge Roper counselling Service at (876) 968-1619 or WhatsApp: (876)536-9154 you can ascertain where is the nearest site to you that offers Jadelle® insertion and /or removal.**

NATIONAL FAMILY PLANNING BOARD

PLAN YOU FAMILY

YUH KNOW YUH CONTRACEPTIVES?

3 PART FEATURE ON LONG ACTING REVERSIBLE CONTRACEPTIVES

PART 1 FRIDAY, FEB 19 @ 7PM JADELLE

HOSTED BY: NICKELSHIA BARNES, TREATMENT LIAISON OFFICER, HEALTH PROMOTION AND PREVENTION UNIT, NFPB

GUEST SPEAKER: DR. GARTH MCDONALD, CONSULTANT OBGYN

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SEX AND U LIVE CHAT SERIES - JADELLE®

Guest: Dr. Garth McDonald, Consultant Obstetrician and Gynaecologist

Instagram: @insertjadellejamaica

Q. What exactly is the Jadelle®?

A. The Jadelle® which is commonly called the five year contraceptive, or the one that persons insert in their arms, these are two rods that contain progesterone levonorgestrol 75 micrograms in each of them. The two rods are inserted about 8 centimeters or about an arms breadth on the inner aspect of the arm.

It stays there for up to five years and it releases a little bit of the hormones little by little and it provides this contraception, which is very

effective meaning the failure rate is like one in a thousand. So it is very, very effective and you know it's inserted in the arm not in the vagina or through the vagina as the intrauterine contraceptive device is. You know some women will prefer that. It's associated with a mild to moderate amount of weight gain so you know once you're on it you must be exercising, watch your diet and quite effective. It doesn't prevent against sexually transmitted infections. It will prevent pregnancies. It's a very effective long acting reversible contraception or contraceptive is the group it falls under meaning it's good for women who want to plan nice intervals between having baby, it's especially good for teenagers who get pregnant have their first child and don't want to get pregnant again for another next few years. Want a nice little space to go back to college, to finish high school, start looking a job, go buy a car, pay down on a house, start a business this is a good type of contraception to use.

The uptake is relatively good among teenagers (ages 13-19 years), we do offer this as an option. Girls under the age of 16 would have to have some parental consent for us to insert. At the hospital, I work at Victoria Jubilee Hospital, our teenage pregnancy rate has remained around 14 per cent for the last three years, 13.8 in 2018, 14.2 in 2019, and 2020 in the COVID year where we expect that we would have seen the rate increase a bit it did remain so that is a little bit comforting. But we have more work to do.

Girls we are encouraging that you abstain, or you have safe sexual practices and good contraceptive methods. This can be introduced once you are over 16 and come and seek this mode of contraception it can be given to girls who have never been pregnant also.

Q. So you mentioned 13 - 19 as the age range that it's offered to our adolescents and our youths and you also zoned in keenly just now when you said those below the age of 16 would have to have parental consent or guardianship consent to have the method. If they have a child and they are in their presence or in the care of their doctor, you just tapped into something when you said 16 and over can get the method explain that a little bit further for us. Is it that the person, is it that the adolescent girl or youth girl at 16 is allowed to come in without parental consent and ask for the method? Explain that for us a little bit.

A. Well, based on the age of consent for our country then a teenager above the age of 16 can come and ask for the method without parental consent and that's more for the protection of the practitioner since persons who are under 16, who are sexually active and engage in sexual activity that is a CISOCA legal matter that persons can be prosecuted especially if their partner is over the age of 16 and even below the age of 16. Once that's brought to the authorities then that's a CISOCA matter in which the social worker and the police can get involved. So we just ask for young girls to be responsible, young boys as well, alright and men in our population to be responsible also in their actions.

The method is also good for all women of all age groups who:

- are of reproductive age
- do require this kind of contraception
- have had recurring pregnancies,
- may not have decided that they want to do a tubal ligation, a 'tie-off', and
- may be without a method,
- haven't found their husband yet or their lifelong partner.

Q. Doc tell us you mentioned the five year part of it and I considered it a benefit when you spoke about that five year break when using the Jadelle® method. So tell us what are some other benefits? The five years I don't have to remember anything. Unlike the pill or if I'm on the Depo Provera injection where I have to remember my three months appointment, with the Jadelle® I don't have to remember that because it's five years. Give me some more insights into what are some more benefits to the contraceptive method Jadelle®.

A. So you touched on the compliance issue that more persons will adhere to it while persons while on it may have less bleeding in terms of how the overall periods are, there may be a side effect of spotting which can be treated. There is decreased risk of getting an ectopic pregnancy while being on this method and one of the greatest benefits is that once women decide or adolescents, for the Jadelle® to come out then there is the return to the normal fertility.

Q. What do you mean once the Jadelle® comes out? Is that the part where you say it is reversible?

A. Yes, so when it comes out then there is no delay for the woman or young girl to get pregnant again.

Q. So when we hear those things that your body has to flush out before you can come back. No?

A. It is a good method just like the Copper T or those implants like the Mirena® or the Jaydess® which are other forms of contraceptives which are inserted in the uterus they are also reversible, meaning once they come out then the fertility returns. As opposed to the Depo Provera which is the three-month injection where once you stop taking that there is some delay sometimes up to a year and a half before fertility returns to normal.

Q. What is an ectopic pregnancy?

A. An ectopic pregnancy is one that is in the wrong place, meaning the implantation of the pregnancy takes place outside of the body of the womb. It could occur in the fallopian tubes or inside the abdomen the pregnancy implants out there, it could be inside the ovary as an ovarian pregnancy so it is outside of the body of the womb that has that thick musculature that can support a pregnancy that will stretch up to nine months. The tube can't sustain that, the tube is very thin so once that pregnancy grows then if it is at the angle of the uterus or it is within the tube the tube will rupture eventually and lead to massive bleeding as if a pipe has burst. So a woman could lose her blood volume.

So some of the warning signs for an ectopic pregnancy are once a woman is pregnant and having some spotting ('spot-spotting') or bleeding or having pain, pain with pregnancy a woman should seek an ultrasound early in her pregnancy to know exactly where the pregnancy is. Alright, so being on the Jadelle® decreases the chance of that giving additional protection.

Q. You mentioned two things earlier and we're going to go in that direction where you talk about some side effects. You mentioned weight gain and then you also mentioned spotting, are there any other side effects that women can be aware of should they decide to go on the Jadelle®?

A. Yes, so the degree of bleeding actually varies it may range from having a small amount of bleeding to where you have significant bleeding and breakthrough bleeding that sometimes with treatment we may treat with other hormonal methods, the combined oral contraceptive or we use some other progestogens to stop the bleeding. In cases where we can't get control of that then sometimes we have to consider another method. And a woman does have the choice once it's inserted to ask for it to be

removed. They do have the right of choice to choose which contraceptive method they're on. It's a negotiation with you and your doctor and that you sit and let your general doctor, your gynaecologist, be a part of that planning helping you to select the right contraception

SOCIAL DISTANCING GUIDELINES AT WORK

-  **1** Avoid in-person meetings. Use online conferencing, email or the phone when possible, even when people are in the same building.
-  **2** Unavoidable in-person meetings should be short, in a large meeting room where people can sit at least six feet from each other; avoid shaking hands.
-  **3** Eliminate unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions.
-  **4** Do not congregate in work rooms, pantries, copier rooms or other areas where people socialize. Keep six feet apart when possible.
-  **5** Bring lunch and eat at your desk or away from others (avoid lunchrooms and crowded restaurants).
-  **6** Avoid public transportation (walk, cycle, drive a car) or go early or late to avoid rush-hour crowding on public transportation.
-  **7** Limit recreational or other leisure classes, meetings, activities, etc., where close contact with others is likely.