תר킷 מותך-דחי — תאים מערבי

לдум הרושל של תריל התר.getActive (_marks) השגיאות מהומר
(1987 non-medicated IUD) (_marks)
(2) המשתרעת התריל השמיש מכוסב משטח והתר
(_marks)
(3) המשתרעת התריל השמיש מכוסב משטח

התריל שטענה: (_marks)
ל venir גאט חותמה חותמה בעד השגויה (Marks)
[10] התריל שטענה: (_marks)
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ל venir גאט חותמה חותמה בעד השגויה (Marks)
The use of contraceptive methods is essential for effective family planning. The contraceptive methods used today include barrier methods, hormone-based methods, sterilization, and more recently, long-acting reversible contraception (LARC) methods. Among the LARC methods, intrauterine devices (IUDs) and intrauterine contraceptive systems (IUS) have proven to be highly effective and safe.

IUDs were first introduced in the 1960s, and since then, they have undergone significant improvements in design and efficacy. The Lippes loop was one of the earliest IUDs, developed by Norman P. Lippes in 1967. It is made of stainless steel and has a T-shaped frame that fits into the uterus. The IUD releases a small amount of hormone, which prevents pregnancy by thickening the cervical mucus and thinning the endometrial lining.

Another popular IUD is the copper IUD, which releases copper ions that also contribute to the contraceptive effect. Copper IUDs have a lower risk of expulsion compared to hormone-releasing IUDs.

IUSs, such as the levonorgestrel-releasing IUS (LNG-IUS), were introduced in the 1990s. The LNG-IUS is inserted into the uterus and releases levonorgestrel, a progestogen, which thickens cervical mucus and alters the lining of the uterus, preventing fertilized eggs from implanting.

These devices are highly effective, with failure rates below 1%, and they can be used for up to 10 years without surgical removal. They are also reversible, allowing women to discontinue use and become pregnant when desired.

In conclusion, the use of IUDs and LNG-IUSs represents a significant advancement in contraceptive technology, offering women a reliable, effective, and long-acting method of contraception that does not rely on user compliance.

References
2) Richter R. Ein Mittel zur Verhütung der Konzeption. Deutsche Med Wschr, 35: 1525, 1909
4) Baltimore, Williams & Wilkins, 1930, pp 33-47.