

## **Withdrawal (Coitus Interruptus)**

Withdrawal is a method of family planning (FP) in which the man interrupts intercourse and withdraws his penis from his partner's vagina **before** he ejaculates.

To use withdrawal effectively, the man must be able to predict when he is about to ejaculate and be able to pull out his penis in time so that there is no contact between his ejaculate and the woman's vagina or external genitalia where cervical secretions (mucus) may be present. Cervical secretions facilitate the transport of semen into the upper female genital tract. Incomplete withdrawal during the fertile time in a woman's cycle will greatly increase the probability of unplanned pregnancy. However, incomplete withdrawal outside the fertile time will not result in pregnancy. The man (and woman) must be highly motivated to use the withdrawal method because it requires him to pull out and move away from his partner at a time when sexual excitement is near its peak.

### **Citations:**

- 1) Hatcher R, Trussell J, Stewart F, Stewart G, Kowal D, Guest F, et al. Coitus interruptus (Withdrawal). In: *Contraceptive Technology*. New York: Irvington, 1994: 341-6.

## Q.1. Are couples practicing withdrawal at risk of pregnancy from pre-ejaculate fluid?

Recommendations	Rationale
<p>a) Probably not. The risk of pregnancy is potentially low if a man is able to "pull out" before ejaculation and makes sure that semen does not have contact with the woman's genitalia.</p> <p>b) If a second intercourse is anticipated shortly after a first, the man should urinate prior to re-entry and wash off his penis to remove any seminal fluid which may be on the glans or shaft of the penis.</p>	<p>a) Some researchers conclude that the number of sperm required for fertilization is not contained in pre-ejaculatory fluid. Failure of the method to prevent pregnancy is usually related to inadequate withdrawal.</p> <ol style="list-style-type: none"><li>1) Rogow D, Horowitz S. Withdrawal: a review of the literature and an agenda for research. <i>Studies in Family Planning</i>. 1995;26 (3):140-53.</li></ol> <p>b) Some evidence suggests that after a recent ejaculation, pre-ejaculatory fluid may contain higher levels of viable spermatozoa, and that men should urinate after ejaculating prior to having intercourse a second time, to "flush" or "void" any semen that remains. Washing off the shaft and glans of the penis would prevent any remaining semen external to the man's urethra from being transported into the vagina during re-entry.</p> <ol style="list-style-type: none"><li>1) Rogow D, Horowitz S. Withdrawal: a review of the literature and an agenda for research. <i>Studies in Family Planning</i>. 1995;26 (3):140-53.</li><li>2) Hatcher R, Trussell, J Stewart F, Stewart G, Kowal D, Guest F, et al. <i>Coitus Interruptus (Withdrawal)</i>. In: <i>Contraceptive Technology</i>. New York: Irvington, 1994: 341-6.</li></ol>

## Q.2. Are couples practicing withdrawal protected from STDs?

Recommendations	Rationale
No.	<p>Withdrawal has not been proven to protect against STDs. Both partners should be informed that they can transmit STDs to each other whether or not withdrawal is complete. Some researchers speculate that consistent use of withdrawal may partially reduce the risk of transmission of some STDs from men to women when compared to users of no contraceptive method, because there is a reduction in the volume of potentially pathogen-containing fluid to which a woman is exposed. However, the man is still exposed if the woman is infected. More research must be conducted to evaluate if correct and consistent use of withdrawal reduces the risk of STD transmission to either or both partners.</p> <ol style="list-style-type: none"><li data-bbox="824 982 1393 1056">1) Rogow D, Horowitz S. Withdrawal: a review of the literature and an agenda for research. <i>Studies in Family Planning</i>. 1995;26 (3):140-53.</li><li data-bbox="824 1058 1393 1108">2) Richters J. Coitus Interruptus: could it reduce the risk of HIV transmission? <i>Reproductive Health Matters</i> 1994;3:105-7.</li></ol>

## Classification of Selected Procedures for Withdrawal (Coitus Interruptus)

Procedure	Class	Rationale
Pelvic examination (speculum and bimanual)	C	A physical exam is not required for the use of withdrawal. A pelvic exam is not required for the man's partner <sup>1</sup> .
Blood pressure	C	Blood pressure screening is not required for use of withdrawal <sup>1</sup> .
Breast examination	C	A breast exam is not required for the use of withdrawal <sup>1</sup> .
Sexually transmitted disease (STD) screening by lab tests (for asymptomatic persons)	C	Clients at risk for STDs (by personal history or socio-demographic risk factors) should be offered STD screening, where possible.
Cervical cancer screening	C	Cervical cancer screening is not needed for the safe use of withdrawal <sup>1</sup> .
Proper infection prevention procedures	C	Proper infection prevention procedures are not applicable to withdrawal.
Specific counseling points for withdrawal (coitus interruptus): <ul style="list-style-type: none"> <li>● efficacy</li> <li>● STD protection (when/as appropriate)</li> <li>● requires high motivation and self-control</li> </ul>	A	<ul style="list-style-type: none"> <li>● Accurate client education is essential for effective use of withdrawal (coitus interruptus).</li> <li>● Many FP programs do not teach withdrawal. Couples choosing withdrawal should be offered information on how to use the method effectively.</li> <li>● Appropriate counseling at the time of method selection can lead to improved client satisfaction and continuation.</li> <li>● Withdrawal can be used if the man can predict when he is going to ejaculate and is able to ensure that his ejaculate does not come in contact with his partner's genitalia.</li> <li>● Withdrawal may be less acceptable if the man is prone to pre-mature ejaculation.</li> <li>● Clients should be informed about the risks of contracting and transmitting STDs.</li> </ul>

**KEY:**

**Class A** = essential and mandatory or otherwise important in all circumstances, for safe and effective use of the contraceptive method

**Class B** = medically/epidemiologically rational in some circumstances to optimize the safe and effective use of the contraceptive method, but may not be appropriate for all clients in all settings

**Class C** = may be appropriate for good preventive health care, but not materially related to safe and effective use of the contraceptive method

**Class D** = not materially related to either good routine preventive health care or to the safe and effective use of the contraceptive method

**Citations for Procedures Table:**

- 1) World Health Organization. Improving access to quality care in family planning: medical eligibility criteria for contraceptive use. Geneva: WHO, 1996.