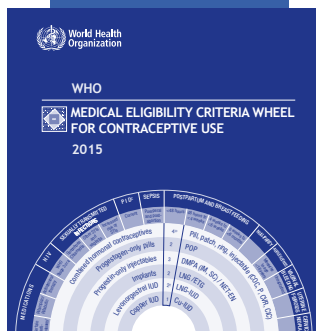


## Editorial



Dear Friends,

I hope that most ESC members are familiar with the WHO's Medical Eligibility Criteria for Contraceptive use (WHOMEC).

This document provides evidence-based recommendations on whether a contraceptive method can be safely used according to more than eighty medical conditions and situations. The first edition of these recommendations was produced almost 20 years ago, and initially covered the following family planning methods: low-dose combined oral contraceptives, injectable contraceptives, progestogen-only pills, copper intrauterine devices, barrier methods, fertility awareness-based method, lactational amenorrhea, coitus interruptus and female and male sterilization. Then, gradually the initial document was revised and reviewed (2nd, 3th and 4th edition were issued), more contraceptive methods and more medical conditions were taken under consideration.

I am very happy to announce that 1<sup>st</sup> June this year, the fifth edition of this document was released (you may find it at [http://www.who.int/reproductivehealth/topics/family\\_planning/en/](http://www.who.int/reproductivehealth/topics/family_planning/en/)). This document is issued both in print and as a wheel. This very practical tool allows the choice of the most appropriate contraceptive for all women with specific medical conditions, is used widely around the world and can help dispel several myths and misconceptions related to contraceptive methods.

Best greetings  
*Medard Lech*

## 14th Congress / 2nd Global Conference of the ESC



### 14th ESC Congress / 2nd Global ESC Conference, Basel, Switzerland, 4 to 7 May 2016

Dear Colleagues,

Grüezi alle mitendand. A warm welcome to Basel to all of you. The title of the Congress "Contraception: from molecular biology to social science and politics" is the programme, a promise and a challenge. This Congress will provide the opportunity to create and maintain multidisciplinary networks between individuals, organisations and continents.

We invite all those involved in any aspect of contraception, sexual and reproductive health care to actively participate by submitting abstracts, either for oral or poster presentation through: [www.esrch.eu/events/esc-events/2016/abstract](http://www.esrch.eu/events/esc-events/2016/abstract). Abstract submission deadline: 15 November 2015.

First announcement with detailed programme: [www.esrch.eu/events/esc-events/2016](http://www.esrch.eu/events/esc-events/2016). We are looking forward to welcoming you to Basel in May 2016

Best wishes,  
*Johannes Bitzer, Congress President*

## Board



### Representation of your country (Europe) on the ESC Board

2015 will be an important year for your country representation on the Board. The reference point to count the number of paid up members will be the end of the year (31 December 2015).

The number of paid up members from your country (only within Europe) will be used as a reference to determine the level of representation on the Board (1 representative for 10 paid-up members and 2 representatives for 50 or more paid-up members). The membership status per country is available here: [www.esrch.eu/membership/paid-members](http://www.esrch.eu/membership/paid-members)

## 12th ESC Seminar



## 12th ESC Seminar, Tel-Aviv, Israel, 2 to 4 September 2015

The seminar will revolve around its chosen theme of “Removing medical, social, cultural and religious barriers to effective and safe contraception.” The scientific programme has been divided into four plenary sessions on Medical, Social, Cultural and Religious Barriers; a free communication session and several workshops. We are expecting mainly attendees from Israel and nearby Mediterranean countries. However, colleagues who work in the field of contraception from other European countries are also warmly invited to come to Tel-Aviv.

More information: [www.esrh.eu/events/esc-events/12thseminar](http://www.esrh.eu/events/esc-events/12thseminar)

Best wishes,  
*Daniel Seidman, Amos Ber, Arie Yeshaya*

## Interview George Creatsas



### Interview with Prof. George Creatsas, co-founder and first editor-in-chief of the European Journal of Contraception and Reproductive Health Care (EJCRHC)

*Q1. There are now 20 volumes and the EJCRHC is recognised all over the World. How do you view the progress of the journal during last 10 years?*

I am very pleased that our journal is now very well known for the good quality articles published during the last decade.

*Q2. It is generally believed that the best manuscripts are published in journals with higher IF than ours. What would be your advice to attract the best authors to publish in our journal?*

I would like to recommend to the editorial team to accept articles of clinical and practical importance, case reports, studies with practical issues as well as Cochrane studies. Following the proposals mentioned above I am sure that we will manage to receive articles from internationally known colleagues and this will improve the IF of the journal. The journal should be also promoted in meetings around the world and not only in the ESC Congress.

*Q3. The journal is issued 6 times in a year, the editorial team consists of 22 people and the journal has a stable financial situation. What would be your advice for its further development?*

It will be also important to improve links with WHO, FIGO, EBCOG and National Societies on the electronic communication. I can recall our first meeting related to the decision taken for the first issue of the journal. There were colleagues who had negative opinions and I am happy that I was one of those who strongly recommended the publication of our journal and I am also optimistic for the future of the ESC.

## Update



### Board members update

#### Spain

In Spain the decision of the government not to change the abortion law has been the most important event in the recent period. Since 2010 we have had a very liberal and advanced law in the field of contraception and sexual health. The current conservative government decided to change this law, restricting women's rights and returning Spain to the past, more than 40 years back, to the situation previous to democracy. Social, professional and popular mobilisation have achieved the change of this government decision. The ESC's statement and support have been crucial and very helpful to get this! Thank you very much for your solidarity.

*Roberto Lertxundi*

#### UK

The most significant event in 2014 was that the Faculty of Sexual & Reproductive Healthcare extended its membership and training to nurses so creating a truly multidisciplinary organisation. An enthusiastic response has led, to date, to over 126 nurses having completed the nurse diploma and 35 the Post Graduate Award in Medical Education (SRH).

*Shelley Mehigan*





### Sweden

Updated guidelines on contraception were released in 2014 ([www.lakemedelsverket.se](http://www.lakemedelsverket.se)). These put an emphasis on the advantages of long acting reversible contraception (LARC) also for young and nulliparous women with regard to efficacy, acceptability, compliance and fertility protection/return etc. Quickstart of LARC postabortion has also been the subject of national studies, which has led to changed clinical practice. Most LARC insertions (intrauterine contraception and implants) are done by midwives. With an increased demand from young women more midwives in youth clinics have also trained in LARC placement to meet the demand and increase access and improve logistics. Recently, all available hormonal LARCs have been included in the reimbursement system making them very low cost for young women up to 26 years. Preliminary statistics from some counties show an increased uptake of LARCs and reduction in abortion figures following the implementation of the new guidelines.

*Kristina Gemzell-Danielsson*



### Germany

Contraception and/or problems in reproductive health mostly are treated in private practices of gynecologists, only very few in hospitals. There is a lack of education in these fields at German universities. The few "Departments of Gynecological Endocrinology", which still exist, concentrate more or less on reproductive health issues and high risk patients. Within the German Society "Professional Association of German Gynecologists (BVF e.V.)" are about 80% of all gynecologists working in own private practice (about 8.000). We have within this society a working group specialised on hormone treatments. Our University of Tuebingen (Research Centre for Women's Health) is closely collaborating with this society. As a member of those institutions I have organised since seven years education workshops for gynecologists in which I have been teaching on topics of contraception, special issues of gynecological endocrinology like endometriosis, PCOS, diabetes and metabolic syndrom etc. In my function as President of the German Menopause Society I also have been teaching during those workshops on hormone therapy, by this being able to increase the members seven fold within the last four years. In 25 workshops each year in different towns all over Germany, about 50-100 gynecologists participated paying a fee for this form of education. Thus there is large interest of gynecologists in private practice in Germany for education in the field of Gynecological Endocrinology.

*Alfred O. Mueck*



### Slovenia

Successful prevention of unwanted pregnancies is continuing: the latest data for 2012 show that abortion rate was 8.8 per 1000 women aged 15-49 years and fertility rate was 46.2. Adolescent pregnancy rates are also decreasing; the data for 2012 show that abortion rate was 5.8 per 1000 women aged 15-19 years and fertility rate was 4.6. The success is the result of the continuous attention given to contraception by specialists in Ob/Gyn, who counsel and prescribe contraception in Slovenia, and in steady increase in their knowledge on contraception. Long-acting contraception, mostly IUDs, is regaining popularity among women. In addition, contraception is accessible in Slovenia in terms of accessibility of health services. Effective contraception (hormonal contraception, IUDs and sterilisation) and abortion are fully covered by general health care.

*Bojana Pinter*



### Latvia

Since 2007 the number of abortions continues decreasing significantly and by 2014 it had dropped by almost half from 700 to 399. It can be explained by active work of professional organisations in the field of healthcare, youth education and public availability of a wide range of information – websites containing professional information about contraception education and massive, national level campaigns on harmful effects of abortion on women's health.

However the proportion of contraceptive users is still low. In 2014 hormonal contraceptive were used by only 168.7 women per 1000 women in the age group from 15 to 49. In comparison with 2007, the number of contraceptive users has decreased a little. In 2014 a slight increase in the number of intrauterine contraception users was observed – 53.3 women per 1000 women in the age group from 15 to 49. In 2014, the Latvian Psychosomatic and Reproductive Health Development Foundation, with support from the ESC, conducted a survey to clarify what aspects affect non-usage of safe contraception in Latvia. 3102 respondents, aged from 18 to 49, both women and men, were surveyed. It was important to include men in the survey, because up until now only women were asked. The study proved that there is a negative attitude towards hormonal contraception in society as a whole, and choice of contraception method is determined by its price to a large extent and expert advice. Building on these innovatively obtained results, recommendations on financial compensation of contraceptives to certain groups of population and improvement of health training programmes at schools and universities are being prepared.

*Dita Baumanė-Auza*



## Italy

The field of fertility control in Italy is characterised by a striking paradox: our country has one of the lowest birth rates in Europe, one of the lowest use of reliable contraception and one of the lowest abortion rates. A clear explanation for this situation is not easy to be found and several hypotheses have been made: the widespread use of traditional (i.e. withdrawal and natural) methods, the influence of the Catholic Church, the lack of support for maternity and for pregnancy have all been invoked. In recent years Italy has seen a stabilisation of the use of hormonal contraception with approximately 16% of women of childbearing age using this.

Since the patent for several combined oral contraceptives expired the introduction of numerous generic brands, sold at a lower price, means there are now more than 60 oral formulations. However, this did not lead to an increase in the percentage of women using hormonal contraceptives. Other two important innovations are the progestin-only subcutaneous implant (Nexplanon) and the new formulation of LNG-IUS with 13.5 mg of levonorgestrel (Jaydess).

Finally, following the request of the EMA the Italian drug regulatory authority has issued a new ordinance that allows, since May 9 2015, the purchase of ulipristal acetate for emergency contraception without prescription, for women over 18. Surprisingly, the need for prescription remains for levonorgestrel.

*Emilio Arisi & Costantino Di Carlo*



## Symposium Croatia



## First international symposium on avoiding unwanted pregnancies

With the help of an ESC grant this meeting was held in Zagreb, on May 29-30, 2015. The Symposium was dedicated to addressing the global public health problem of unwanted pregnancies by convening experts involved with this issue to engage in lively discussion, develop conclusions and propose guidelines for further action in terms of counselling and education about responsible sexual behaviour. Eleven national and 10 international experts in this field presented an interesting mix of sessions to approximately 70 participants. In conclusion, the necessity of counselling and education about responsible sexual behaviour was emphasised, as well as the necessity of having further discussion about the institution of conscious objection and about changes in laws regarding pregnancy termination. Further information is available: <http://escrh-cro-2015.biztravel.biz/en/>

*Vesna Stepanić, Symposium President*

## Expert groups



## Expert group update

### Future of hormonal and molecular contraception

The group plan to produce evidenced-based teaching and short review articles on hormonal contraception and medical conditions. These will serve as an up to date source of current best practice on contraception. The group hope that the format will mean that they can be easily read and provide a rapid, effective form of continual professional development for readers.

*Sharon Cameron, Coordinator*

### Expert Group on Abortion.

The group held its annual meeting in March 2015. Apart from planning content for the next Congress in Basel, the Group is considering some research on the complications of medical abortion and some collaborative work on the introduction of mifepristone in countries which currently have no access to the drug. Two group members are drafting a review article on access to abortion for publication. The group has also facilitated a successful application for the 2015 Humanitarian award by a group working in Middle Africa where there is the highest mortality from unsafe abortion in the world.

*Sam Rowlands, Coordinator*

