

From the Editor



Olga Loeber, ESC General Secretary

This Newsletter is brimming over with interesting contributions. I am very happy to note so many short communications were sent as well as a very informative contribution from D. Lazaris about Greece. This is what we envisaged when starting the Newsletter. I hope you all will enjoy reading it and you will be stimulated to react to the question from A. Pretnar or send your own contribution for the next Newsletter!

Message from the President

Dear ESC members, Dear colleagues,

It is my privilege to use our Newsletter to give you a short report summarizing new developments in the ESC.

2008 congress in Prague – from April 29 till May 5.

Especially those who work with electronic diaries may already book the date which was finally chosen for the ESC congress in Prague. This was done after careful search of international congress calendars paying special attention to the best period for the local climate.

Upcoming congress in Istanbul, 3-6 May 2006.

As far as I know this is going to be the first congress with simultaneous translation available in two languages, Turkish and Russian. We believe that this support helps our colleagues from Russia and other surrounding countries to actively participate. Currently we are on track with all preparative work; the second announcement is about to be distributed; venue and hotels have been chosen, a final version of the scientific programme is finished and invitations are being sent to more than 50 speakers from Europe and USA. Credit goes to the members of Scientific and Executive Committees, Advisory Board, Local Organizing Committee and our Central Offices for excellent work and smooth collaboration. For the first time the Scientific Committee profited from a long list of proposals received from ESC members and tried to implement as much as possible from their suggestions.

Seminar in Warsaw, 23 - 24 September 2005.

You should be here if you are dealing with any aspect of sexual education! My personal expectation is the highest ever attendance in a history of our seminars, especially due to the special topic of the scientific programme. All details might be easily found on our web page: www.contraception-esc.com.

EBCOG (Board of the Obstetrics and Gynaecology Section of the Union Européenne des Médecins Spécialistes).

Besides other activities of this Society/Section, there are currently two most significant ones: 1) hospital visiting and recognition - as EBCOG accredited centres;



*David Cibula
ESC President*

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and 2) establishment of postgraduate education system in the field of OBGYN in four recognized subspecialties (gynecological oncology; materno-foetal medicine; reproductive medicine; urogynecology). Currently Postgraduate Training Programmes and Log Books are being introduced in these fields.

I was kindly invited as a President of the ESC to the EBCOG Executive Committee meeting. My task was to present the ESC as a reliable and significant partner for future collaboration. I am glad to inform you that the ESC is allowed to join ESGE (European Society of Gynecological Endoscopy) and EFC (European Federation of Colposcopy) in the Standing Committee on Training and Assessment (ASCT) of EBCOG.

Moreover, in order to strengthen our collaboration the ESC will organize a session during the EBCOG congress in Torino (5 – 8 April 2006) and a lecture introducing responsibilities and activities of EBCOG will be presented in our upcoming congress in Istanbul. Such cooperation should promote aims of the ESC, helps to create a network within different fields of OBGYN and may support scientific activities.

The ESC as presented is a vital and dynamic European Society. However its further development is fully dependent on activities and support from its members. We would highly appreciate an active contribution to already existing possibilities or suggestions for the future.

Wishing you a relaxing summer time!

David Cibula, ESC President

8th Seminar of the European Society of Contraception Sexual education : the key issue of reproductive health

Last call for registration !!!!!

- Free for ESC members –
- Non members pay 60 euro and become ESC member as well.

Register online at www.contraception-ESC.com/warsaw.htm

**Novotel Warszawa Airport, Warsaw, Poland
23 to 24 September 2005**

The main aim of the Seminar is to share current practice & thoughts from around Europe and to exchange experiences during fruitful discussions, debates and forums.

The topic of the 8th Seminar is "Sexual education: the key issue of reproductive health". Four plenary presentations will introduce the main aspects of this topic. The speakers are mostly ESC Board members from all over Europe or eminent Polish specialists.

Plenary sessions will be followed by ample discussion time and then lead into interactive workshops where the information can be added to with information from all over Europe.

Each workshop will have two leaders who will co-ordinate the session and feed back the main points to the whole group during the plenary session on Saturday.

On Saturday morning, a forum will be organised with the participation of students from different Eastern European countries. This session will undoubtedly be a very valuable source of feedback with regards to sexual education in the beginning of the 21st century!

There will be a satellite symposium on Friday, as well as a selection of free communications during the plenary sessions.

Several poster sessions will be organised and posters are invited on any of the themes of the Seminar. The posters will be judged and the best awarded a prize.

We hope that you will be joining us for an exciting seminar in a city which has a history of over 700 years. Warsaw is waiting for you!

Yours sincerely,

Medard Lech, 8th Seminar Organiser



Quarterly contribution on a European country

Sexual and reproductive health in Greece

Dimitrios Lazaris, Greece • ESC Vice President

The birth rate in Greece is the second lowest in the E.U. and it is steadily declining furthermore. The Government provides services related to family planning among many others at the "Health Centers" of the "National Health System" all over the country. In addition, several private, non-profit organizations (such as the "Hellenic Society on Pediatric and Adolescent Gynaecology" (HSPAG), the "Hellenic Family Planning Association" (HFPA), the "Hellenic Society of Obstetricians and Gynaecologists" (HSOG) etc) offer dedicated services in this field.

Sex education

Education on sexuality and reproduction has been included in secondary schools since the year 2000 in Greece, while courses on contraception, prevention of STDs and reproductive rights are organized for special groups. In addition, members of the HFPA represent this Society in many television and broadcasting programmes (including the State-owned television channel) informing people on contraception, prevention of STIs and other reproductive health matters.

The Youth Sex Hotline started one year ago answering questions concerning contraception, emergency contraception, the use of condoms, abortion, STIs, AIDS etc.

There is also a network run by specially trained doctors, midwives, health visitors and nurses. They provide information on reproductive health through the University internet and the HFPA line.

- Training courses for health care professionals

Each year educational seminars are organized on "Family Planning" for Health Professionals by the 2nd Clinic of Obstetrics and Gynaecology of the National University of Athens (Directed by Prof. G.Creatsas who is one of the founders of the ESC).

- Youth to youth programmes

The Youth team of the HFPA organizes various events and activities including an informational campaign in the Greek islands every summer.

In addition, young volunteers from the "Youth team" of the HFPA participate in workshops organized by the "International Planned Parenthood Federation" (IPPF).

Contraception

Contraceptives are widely available and at low cost, often off-prescription.

The prevalence rate of contraceptive methods used in Greece is the condom 80%, IUD-IUS 10% and only the remaining methods are oral contraception etc.

The rate was lower during the past, but progressively, contraceptive services and use are increasing especially among the young people (who use emergency contraception in a large proportion). Female condom, diaphragms and spermicides are not popular in Greece while men almost never use sterilization.

Practically all forms of contraception are available but the use of modern contraception is rather limited.

Abortion

Abortion is legal in Greece since 1986 (up to 12 weeks of gestation on women over 18 years old, without any other restrictions). In case of medical problems it is permitted up to the 24th week of pregnancy. It is performed in public hospitals (free of charge, under the coverage of the Social Insurance System) and in private Clinics at low cost. Recent data indicate that the abortion rate is decreasing steadily. Still, there is a proportion of teenagers with unintended pregnancies who seek for abortion and in whom it is performed.

Vacuum aspiration is the main form of induced abortion up to 12 weeks of gestation, under general anaesthesia. "Medical abortion" is available in Greece with misoprostol but with mifepristone

(RU 486) in only a few University Hospitals. The total number of abortions yearly performed is estimated to be 60,000-80,000 all over the country. Considering that 20 years ago the number of induced abortions was 4 times more than this, the situation is better now but far from being satisfying yet, especially for a declining population of 10,000,000 people.

Sexually Transmitted Infections (STIs)

Sexually transmitted infections, particularly HPV, have increased during the last decade especially in young people. Syphilis and gonorrhoea which had disappeared for decades are now increasing, possibly due to the great number of immigrants arriving in the country from Africa, Asia but mainly from Ukraine.

During the first half-year period of 2004, 221 new HIV infections were reported of whom 180 were males and 41 females (18 cases had already developed AIDS when first reported as HIV positive). The majority of cases at the time of report ranged between 25-44 years old.

The cumulative number of HIV positive persons (including AIDS cases) reported in Greece at the end of 2004 comes up to 6,923. Among them, 5,562 were men and the remaining were women.

It is obvious that despite the information (and education) offered, and the progress achieved during the last two decades, there is much to be done in the field of reproductive health.

Misperceptions must be fought and the number of induced abortions must be further diminished by focusing on the younger ages' education and accessibility of modern contraceptive methods. On the other hand new risks arise in the form of STIs (especially AIDS) which are more difficult to face due to the inability of controlling the stream of new immigrants in great numbers from countries with lower economic and educational status.

Questions and answers

please answer to:

esccentraloffice@contraception-esc.com

Prescription of hormonal contraception

A. Pretnar - Darovec, Slovenia

Hormonal contraception was introduced in Slovenia, after it was first introduced in the world, in 1969. Ever since, we have been following scientific recommendations regarding prescription. As indications and contraindications are well known, we have been following the WHO guidelines for use and prescription.

We have tried to make oral hormonal contraceptives easily accessible. In fact, in the national bodies of obstetricians and gynecologists we have agreed that for the patient there is no need to visit a doctor every three months to get a prescription, but once a year would suffice. We have discussed this issue with representatives of the insurance company and they agreed that women could go to a pharmacy with one prescription valid for one year.

Here occurred an obstacle.

A growing number of pharmacists refuse to give hormonal contraception to women without additional counselling, control checks (e.g. blood pressure, weight) - because in their opinion oral contraception is dangerous, in spite of our persuasion that the women get all the counselling they need at a chosen doctor. However, the pharmacists of Slovenia require extra payment from the insurance company for the extra counselling they themselves give to the women. That is the reason that our negotiations are actually at a standstill.

Last but not least, emergency contraception is available only on prescription.

My questions are: what is the practice in other countries. Is it allowed to prescribe oral contraception for one year and how? Are pharmacists also standing between the doctor and the patient?

Members since 1989

When checking our membership database, we found 23 colleagues who are member of the European Society of Contraception since 1989 or in other words for 16 years!!

E. Aubény, France
 A. Chryssikopoulos, Greece
 G. Creatsas, Greece
 P. Delvoye, Belgium
 Ph. Hannaford, United Kingdom
 E. Koumantakis, Greece
 P.N. Longthorne, United Kingdom
 S.P. Michalas, Greece
 A.D. Parsons, United Kingdom
 D. Rebelo, Portugal
 E. Roux, Belgium
 S. Rowlands, United Kingdom
 M.A. Rozan, France
 D. Serfaty, France
 M. Short, Ireland (Rep. of)
 S.O. Skouby, Denmark
 M.T. Sousa Fernandes, Portugal
 B.C. Tarlatzis, Greece
 M. Vekemans, Belgium
 A. Verougstraete, Belgium
 A. Webb, United Kingdom
 S.L. Welsh, United Kingdom
 D. Wildemeersch, Belgium

We emailed them all asking to write a few lines for the Newsletter. Here are the results.

M. VEKEMANS

Well done, 16 years... en route for another 16 years, and hopefully more. I suggest it's time the ESC now starts thinking about what we hoped, 16 years ago, to initiate in Europe: large scale studies in the field of contraception. Of course: well funded, prospective, random, double or more blind, cross over and vice versa, splendid powerful statistics, at least 10,000 volunteers included and nobody lost for follow up, ethical, and with results endorsed by everybody.

P. DELVOYE

Thank you for your kind message of congratulations for my 16 years member of the ESC.

If you wonder the reasons of such a fidelity, I would like to say that I don't have any merit, because I have been involved for a long time in contraceptive technology and family planning politics.

I started my post graduate training in Gynaecology and Obstetrics in the Department of Prof Hubinont, Free University of Brussels (ULB), who was very implicated in different aspects of family planning: scientific, social, political, philosophical or ethical aspects. My first research activities, more than thirty years ago, studied the mechanisms involved in the contraceptive effect of

breastfeeding. At that time, there was a young and dynamic team of researchers in the Human Reproduction Research Laboratory of the ULB and, among them, there was a friend, Dr Vekemans, who is also, and I enjoy to see that, member of the ESC since the beginning.

I have achieved a lot of missions in developing countries to implement and assess Family Planning programs or, since the Conference of Cairo, Reproductive Health programs. These missions were most often proposed by UNFPA, an United Nations Agency involved in the problems of population and family planning. Also in developing countries, I have participated in training of health workers, especially general practitioners, gynaecologists and midwives to improve their expertise in family planning.

In my own country, in Belgium, I have had the opportunity to create and to implement the first family planning centre of my city, and, after that, an original health Centre: the Integrated Family Health Centre of Ath, where the activities of family planning represent a great part of the work. That was during the seventies, and the establishment of such a health centre was also a political act because, at that moment, there was a large political and citizen debate on the abortion law in Belgium.

I have published some papers on the contraceptive effects of Prolactin during breastfeeding, some other ones on the endocrinology of reproduction and some papers about the organization of family planning centres in developing countries. In collaboration with my friend, Dr Legrain, an UNFPA collaborator for many years, I have published two books on family planning: "Practical and operational Family Planning" which has been translated in Albanian, and "Practical and operational Reproductive Health".

As gynaecologist, involved in preventive medicine, I now coordinate the Department of Preventive Medicine in my Hospital.

So, you can now understand why I am for a long time and since the beginning member of the ESC: not only for scientific reasons but also as a kind of political engagement for a cause related to the cause of Human rights.

Thank you for your help during all these years.

G. CREATSAS

Founder member of the ESC and Chief Editor of the European Journal of Contraception and Reproductive Health Care.

Organized in Athens the 2nd European Congress of the ESC in 1992 and the 3rd Seminar of the ESC in 1995.

Main interest is the Pediatric and the Adolescent Gynecology and Reconstructive Surgery, the Contraception and the Menopause.

Dean of the University of Athens Medical School for the period of 2005-2007.

Report on the Latvian Congress

Melanie Orleana, Latvia • ESC Board Member

On April 8, 2005 an international seminar « Sexually transmitted diseases and contraception » was organized in Riga and supported by the Latvian Venerologists Association and the European Society of Contraception (ESC).

340 doctors-gynaecologists, dermatovenerologists, family doctors and midwives attended. Among the invited guests, there were also members of the Lithuanian Contraception Association and its president V. Sadauskas, Leading specialists of Baltic republics and the ESC were invited to present their reports. G. Bartfai (Hungary) gave an insight on prevention of sexually transmitted diseases by using contraception. He focused on the control of fungal and viral diseases among patients using hormonal contraception. I. Karklina (Latvia) presented a very comprehensive survey of statistical indices on the incidence of STDs in Latvia according to various age groups. The analysis of these indices gave proof of a positive STD treatment outcome in patients with urogenital chlamydiosis, uroplasmosis, mycoplasmosis, trichomoniasis, gonorrhoea and syphilis.

A. Podere (Estonia) acquainted the seminar participants with the health care system in Estonia and its positive tendencies since Estonia regained its independence. She paid special attention to the organizing and financial models of STD treatment and prevention, since she represented the Estonian Venerologists Association.

H. Harteiane, RSU head of the department and the president of the Latvian Venerologists Association, spoke about the relation of dermatological diseases and contraception. Her very constructive report dealt with demonstrating the clinical cases of various skin problems in which hormonal contraception was used when analyzing different treatment schemes.

The seminar was chaired by LCA president and professor of the Latvian University, Melanija Orleana. In her introductory speech, M. Orleana gave a survey of LCA activities within 10 years during which LCA had been actively popularizing and acquainting Latvian medical professionals, including the latest methods of contraception, educating the young, would-be doctors, midwives and teachers, founding associations in the regional branches in Kuldiga, Jelgava and Cesis, publishing informative booklets, discussing the essence of contraceptive methods, their application and action, making the internet home page www.drossex.lv Lecturers and guests both congratulated LCA on its 10th anniversary.

SHORT CONTRIBUTIONS

Anne Webb, UK

New missed pill rules in the UK

Following the WHO publication of new missed pill rules the Clinical Effectiveness Unit (CEU) of the Faculty of Family Planning and Reproductive Health Care (FFPRHC) which is the parent academic body for the UK has issued new missed pill rules guidance. At the same time the fpa (family planning association) have reviewed their leaflet. Both are available on line on www.ffprhc.org.uk and www.fpa.org.uk. They are both using the "two for twenty, three for thirty" baseline as described by the WHO.

All previous guidance from the CEU is available on the FFPRHC website from EC through contraception for women with inflammatory bowel disease to IUD, IUS and drug interactions. A very useful bringing together of the current evidence for the busy clinician.

The website also has guidance on issues such as confidentiality and service standards.

Vera Prilepskaya, Russia

The Russian Society of Contraception (RSC) was founded in 1993. The basic purposes and challenges of RSC are: distribution in Russia of knowledge about contraception; assistance in introduction of modern methods of contraception; assistance in decreasing the number of abortions and preventive maintenance of unplanned pregnancies, especially among the young; preventive maintenance of sexual transmitted infections; participation in preparation of experts in the field of contraception; increasing the level of knowledge in contraception and problems of family planning; publication of scientific literature.

The RSC publishes a specialised magazine "Contraception and health of the woman" which is sent to members of the society, and also books and methodical recommendations for doctors, regarding questions about contraception and reproductive health. With assistance of the Russian Society of Contraception, information centres for contraception were created. These centres organise seminars and courses for practising doctors from various regions of Russia where, for last year, 670 persons were trained. Based on the Centre of obstetrics, gynaecology and perinatology of Russian Academy of Medical Science, advisory-information centres on planned and emergency contraception have been developed. Annually the RSC organises congresses, devoted to pressing questions

of reproductive health attended by 700 - 800 participants. The Russian Society of Contraception has taken part in 3 international research projects in collaboration with the WHO.

Istvan Batar, Hungary

First Meeting of the Hungarian Section of the ESC

The Hungarian section of the ESC held its first meeting in Hortobágy-Máta (one of the Hungarian National Park areas) on April 29-30. Although it was a scientific program, we have utilized the event as a recruiting meeting as well to increase the number of Hungarian members of ESC.

To do so, following a short opening speech by Professor G. Bartfai, Istvan Batar gave a 20-25 minutes presentation on the ESC introducing the Society to those not yet members. The scientific part of the meeting included four invited lectures such as:

1. Modern contraceptives: new possibilities and new dilemmas (G. Bartfai)
2. Contraception of the young (T. Major)
3. Hormonal contraception above age 35 (T. Csermely)
4. Hormonal contraceptives and thrombophilia

The presentations were followed by lively discussions, which made the meeting even more successful. At the end it was decided that such meetings should be organized regularly in the future.

M.T. Sousa Fernandez, Portugal

On 10 September 2004 (while the International Federation of Abortion and Contraception Professionals was gathered in Vienna and where I was participating as a member of ESC to discuss "Abortion in Europe - Access and reality of abortion in Europe - Emergency contraception") the ship "Women on Waves" was unsuccessfully trying to enter the Portuguese docks of Figueira da Foz.

Since abortion is considered as a crime under the Portuguese law, the Portuguese authorities forbid the docking of the ship. The situation was front-page news worldwide.

Being a member of ESC and a fighter for women's causes, I

was ashamed of the position of the Portuguese authorities. Even more, I was ashamed of being Portuguese!

The "Women on waves" went away, but they had their revenge! They built a site on the internet where Portuguese women can find a way to solve their despair.

What did the Portuguese Government win with this action?

It won a site on internet :

<http://www.womenonwaves.org/article-1020.196-pt.html>

V. Sadauskas, Lithuania

President of Lithuanian Society of Contraception

Information from Lithuania

The main problems in Lithuania like in many other countries of this geographical region are: bad demographic situation, still comparatively large number of induced abortions, STD's and others. In the last few years the birth rate was 9.0-8.9, the mortality rate 11.5-12.0 per thousand. Average number of children per Lithuanian family is 3.18. The number of induced abortions is decreasing every year (from 12 000 in the 2002 to the 10600 in the 2004). The birth/induced abortion ratio were 42 and 37.5 respectively.

One of the causes of decreasing birth rate can be mentioned as a great number of emigrants to the various West European countries. Thousands of young men and women are leaving their native country every year, mainly for economical reasons.

Only 53% of pregnancies are planned. Unplanned, unwanted pregnancies are terminated by induced abortion in 70% of cases. 95% of those women knew about effective contraceptive methods but did not use any. Only 8% of the group used pills, 33% used condoms and 43% the withdrawal method. This information confirms that women have enough information about various contraception methods, but do not use them for various reasons.

9-10% of induced abortions were performed on teenagers.

46.5% of them did not use any contraception, 31.4% used condoms and hormonal pills.

Until now hormonal contraception is not popular in Lithuania.

One of the causes of the unpopularity is a negative opinion of the Catholic Church, and negative view of some midwives and physicians towards this type of contraception.

Induced abortions are legal in Lithuania and are paid by the patients (30-35 EU).

90% of women who decide to have an induced abortion have negative attitude to it, 70% of them before making their decision discussed the situation with a partner, and partner's opinion was very important in their decision making. 89% of the women are planning to use contraceptives in the future and only 3% of them would choose abortion again, 8% are planning a delivery.

Conclusions:

- The effective methods of contraception are still not popular enough and not widely used in Lithuania.
- The rate of induced abortions is decreasing but till now is too high, particularly among teenagers.

Chief editor: Olga Loeber, The Netherlands

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