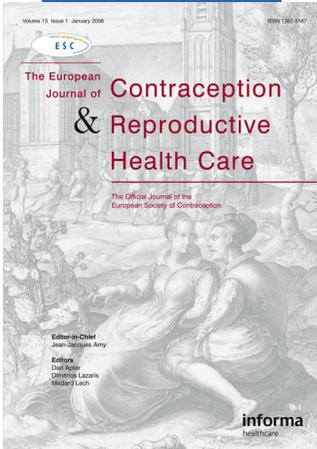


Membership



Membership 2013

www.esrch.eu/user/register will lead you to the online application form.

Please log into your personal account and you will be able to renew your membership (tab ESC membership) by bank transfer or credit card. You can check your contact details under the tab edit – profile.

A subscription to the European Journal of Contraception and Reproductive Health Care is again included in the membership fee (60 euro) without additional cost.

We have listed here a few of the benefits you enjoy as a member:

- 6 free editions of the official Society Journal,
- 3 newsletters,
- Members may apply to stand for the Board or Expert Groups,
- Members get free attendance to the ESC Seminar and substantial reduction of the ESC Congress fee,
- Personal access to the ESC website.

WCD



World Contraception Day in Spain

The Spanish Society of Contraception and Spanish Foundation of Contraception organized an event to celebrate the World Contraception Day. In the ceremony, the official manifesto was read and the best oral communication prizes presented at the XI Spanish Society of Contraception were awarded. Also a 'Person of the year in sexual and reproductive health' was recognised and a 'Solidarity Award' was given to an NGO. In the beginning of the event a press conference was held which was very well attended by the media.

M^a Ángeles Gómez

World Contraception Day in Estonia

The World Contraception Day is celebrated every year on September 26th all over the world. This annual worldwide campaign focuses on a vision of a world where every pregnancy is wanted. Its mission is to improve awareness about contraception in order for young people to make informed decisions about their sexual and reproductive health.

In connection with the World Contraception Day (WCD), on September 26th, young volunteers from the Estonian Sexual Health Association (ESHA) shared their knowledge with all those interested in different Estonian cities. Advice was given on avoiding pregnancy and other questions related to sexuality and health were also addressed.

This year, the slogan of the World Contraception Day was: Your Future. Your Choice. Your Contraception, which encourages young people to start thinking early about choosing a contraceptive method that would match their lifestyle. The ESHA volunteers spread knowledge at Tartu Kaubamaja, Pärnu College, Upa study building in Kuressaare, study building downtown, the Solaris Centre in Tallinn, Narva College.

Additional information about WCD: www.amor.ee. You can also read more about the activities of the Estonian Sexual Health Association from a special journal published for World Contraception Day.

The Internet version of the journal is available at: goo.gl/BKxaj (in Estonian) and goo.gl/QXuU0 (in Russian). The Estonian Sexual Health Association (ESHA) was founded in 1994 under the name of the Estonian Family Planning Association. Since 2005, the organisation has been known as the Estonian Sexual Health Association. ESHA has been a member of the International Planned Parenthood Federation (IPPF) since 1995. The mission of the Estonian Sexual Health Association is to improve the sexual and reproductive health of all people and to protect sexual and reproductive rights in Estonia, and to ensure the availability of good-quality services as well as information about sexual health.

Kerli Hannus, Estonia - estl@estl.ee - www.amor.ee

ESC Workshop



ESC workshop: Contraception and reproductive health Sarajevo (Bosnia and Herzegovina), 27-30 September 2012

To continue improving the knowledge and skills of gynaecologists in the field of contraception and reproductive health care, the fourth ESC workshop was held in Sarajevo (Bosnia and Herzegovina) from 27th to 30th September, 2012.

The workshop gathered young specialists and residents in gynaecology and obstetrics from Albania, Montenegro, FRY Macedonia, Bosnia and Herzegovina, Slovenia and Serbia. The faculty members, coming from different countries across Europe, generously shared their knowledge and experience through numerous lectures, discussions and small group work.

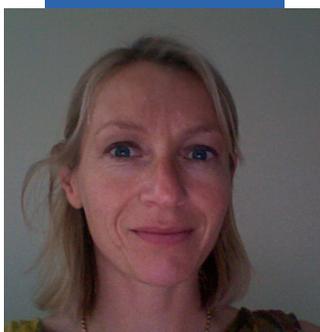
The composition and content of this workshop was somewhat different from previous ones, because the ESC Committee for Educational and Training Activities (CETA), with the other faculty members and ESC Expert groups worked on establishing a basic course for young doctors in the field of contraception and reproductive health care. Therefore, sets of slides for presentations and clinical cases with questions and answers were peer-reviewed and delivered on the following topics:

- Overview - Contraceptive Tool Kit
- Long acting reversible contraception
- Taking a sexual history (covering both contraception and genital infections)
- Myths and misconceptions about contraception
- WHO Medical Eligibility Criteria
- Genital infections
- Combined hormonal contraception and progestogen only methods
- Abortion
- Emergency contraception
- Contraception during the different reproductive life cycle phases
- Evidence Based Medicine
- Essentials of sexual medicine and impact of contraception on sexuality
- Introduction to communication and counselling skills
- Social, cultural and religious issues
- Permanent methods – sterilisation
- New concepts

Thanks to the great support of Dr. Gunta Lazdane, ESC workshop participants were given several WHO publications, including the Medical Eligibility Criteria, Selected Practice Recommendations for Contraceptive Use and a Medical Eligibility Criteria Wheel, in order to facilitate safe and efficient contraception provision, as well as to promote the messages learnt in his/her own country.

The ESC workshop was very well evaluated, both by participants and faculty. The received comments will be helpful in improving the content and methodology of this basic educational course, which CETA will work on for future workshops.

Katarina Sedlecky, Secretary General



Conference of the Scottish Abortion Care Providers, 24 January 2012

We are grateful to the ESC for supporting the conference of Scottish Abortion Care providers (medical nursing, counsellors, NHS and non-NHS) that enabled us to hold our third successive annual meeting in Edinburgh. The funding helped us to hold a one day clinical meeting on Friday 21st October 2011 at the Royal College of Physicians, Edinburgh. A scientific organizing committee was established and with administrative support, a scientific programme was developed and expert speakers from Scotland (and England) were invited. We recognised support from ESC at the meeting.

Sessions included update on abortion statistics throughout Scotland, update on the new guidelines from the Royal College of Obstetricians and Gynaecologists on the care of women requesting abortion, and simplifying regimens for medical abortion. We also had a update on forthcoming guidance for Scotland on fetal tissue disposal, progress from the working group that are examining the provision of late abortion in Scotland and the progress of initiatives to improve the patient journey in NHS Highlands that serves a diverse remote and rural area.

Workshops included examples of innovative service delivery from four different health boards, gender based violence, prevention of repeat abortion and nurse consent taking.

This year we also invited poster and oral presentations. A total of 9 posters and two oral presentations were submitted. These were successful in attracting more junior medical staff and medical students who were represented in larger numbers than ever before. We are pleased with this, as we continue to receive anecdotal reports of more medical staff choosing to opt out of abortion care due to moral/religious reasons. Engaging junior medical staff in our network is thus important for the future provision of services.

A total of 111 delegates were registered, from medical (44), nursing backgrounds (57), counsellors and policy makers (10), from all Scottish health boards.

The meeting was highly evaluated – individual presentations were rated with the range of median evaluation scores of 3 to 5 (out of 5). General comments were that the content of the meeting was 'excellent', 'informative' and that delegates felt 'motivated'. We believe that the meeting achieved our objectives which were specifically:

1. Maintain the highest possible standards of abortion care (before, during and after the procedure) throughout Scotland. We believe that the meeting showcased high standards throughout Scotland.
2. Update/educate providers in new developments in abortion care including methods of abortion. We believe that the high rating by delegates of the educational content of the meeting achieved this.
3. Improve the patient journey by applying the most effective service delivery systems throughout Scotland. The workshops on service delivery showed new ways of delivering service that can be easily replicated in other areas. Contacts made with staff from different units should facilitate support, advice and practical help (e.g. protocol sharing) to smooth service delivery to other areas.
4. Establish appropriate referral to specialist services in areas where such services do not exist. In particular the session on provision of late abortion should focus the work of a working group that is currently examining this. Feedback from an anonymous questionnaire circulated during the meeting (staff views about provision of late abortion) should assist with workforce planning that is important when considering late abortion service provision.
5. Facilitate inter regional collaboration for audit and research projects. The meeting provided a forum for different services to share data on local audits and research.
6. Support colleagues working in abortion care and so improve morale and recruitment to this area of patient care. Delegates remarked that there was an 'enthusiasm' at the meeting and this was reflected in the high evaluation of sessions and comments and requests that this remain an annual event.

We are grateful for the support of the ESC, to enable us to hold this meeting so that staff working in abortion services from all over Scotland could attend.

Sharon Cameron, Consultant Gynaecologist



ESC session at the 10th FIAPAC conference in Edinburgh - Unwanted pregnancy a fact of life.

The conference gathered over 460 delegates from more than 45 different countries involved with abortion and contraception. Many world leading experts in the field of reproductive health were gathered for two days of excellent presentations, networking and lively discussions. Delegates had different backgrounds such as physicians, scientists, nurses, midwives, psychologists, journalists, lawyers, anthropologists, activists etc. The session was chaired by Johannes Bitzer and Kristina Gemzell Danielsson. The following presentations were given and followed by active discussions.

Trends in contraception, Johannes Bitzer, Switzerland

The presentation focused on which factors determine the decision of a woman to choose one method over another and why, in different countries of Europe, the preferences and prevalence of use of various methods differ considerably. For example: Oral contraceptives are used by a majority of British, French and German women, while they are much less used in Italy and Spain. Factors which we have been called «macrofactors» like general economic development, political, legal and health system give a framework for decision making. But besides these hard facts other factors seem to play a role and influence the decision. Three possible scenarios described in the literature were discussed: the decision is either mainly determined by the health care provider, by the sociocultural environment (friends, family, media, «the social image of methods») «I take what my friend takes» or the needs and values of the woman. It was pointed out that there are very few empirical studies looking into the frequency of the different decision making scenarios and more studies are needed to look into the counselling practice in different countries and to correlate decision.

Evidence-base of contraception, Jean-Jaques Amy

In this presentation the question raised was 'Is there such a thing as evidence-based contraception?' Research that produced negative or non-significant results is less frequently published. Publication- and reporting biases may lead to a more or less distorted image of the risks and advantages of treatment with a contraceptive. However even to a very critical editor a few high quality non biased publications "stand out like a rock".

Pill scare and abortion rate, Teresa Bombas, Portugal

In her presentation Teresa Bombas pointed out the correlation between use of highly effective methods and abortions rates. The prevalence of contraceptive use and thus abortion rates differ widely between countries. Despite the well documented safety of the pills fear of adverse metabolic and vascular effects remain. Misperceptions and concerns about side effects, especially those affecting the menstrual cycle, fertility and weight increase, are often reasons for discontinuation. It was concluded that making contraception available is not enough to prevent abortion: women also need correct information to be able to choose a method that suits their personal expectations

LARC (long acting reversible contraception), Rob Beerthuisen, Netherlands

A comprehensive overview of LARCs was provided. LARCs have proven to be the most effective, currently available contraceptives, even more effective than sterilisation. These contraceptives include the subdermal implants Norplant and Nexplanon; the levonorgestrel releasing intrauterine system Mirena; the intrauterine copper releasing devices; the copper releasing implant Gynefix. The depot medroxyprogesterone acetate (DMPA) injection is, despite potentially being long lasting, still highly dependent on user compliance and thus not a true LARC. According to the WHO medical eligibility criteria for contraceptive use LARCs are safe to be used immediately after an induced abortion but expulsion may be increased after a second trimester abortion. Repeat abortions are significantly lower when the insertion of an intrauterine hormonal or copper device or implant is immediately post abortion compared with a delayed insertion.

Kristina Gemzell, Vice-President