



NEWSLETTER

@ Newsletter from The **E**uropean **S**ociety of **C**ontraception

Volume 4 • Number 2 • June 2007

Editorial

It is summer again and time rushes by. A little over 3 years ago the first E-Newsletter reached you and since then it has been enormously developed and changed. It has proven to be a good platform to give you all kinds of information about our organization, our professional work and the developments in different countries. We hope it gives you the information you need and provides interesting reading. We do not receive many comments, but we would really like to know if you have any remarks, negative and positive, about content and form of the Newsletter.

Since the last Newsletter the ESC was represented by several Board members in different congresses: the International Congress of the Turkish Society of Family Planning and Reproductive Health, the congress of the Francophone Society of contraception in Morocco as well as local well attended meetings, as you can read in the reports in this Newsletter.

We follow the news at an international level as far as reproductive health is concerned and react if this is appropriate. There were recently crises in Ireland when a girl pregnant with an anencephalic baby fought for her right to have an abortion and in Poland the government lost their battle to make access to abortion even more difficult. On a more positive level in many countries there is greater attention to the role of sex education. Many of our colleagues are in direct contact with government officials to improve policy on reproductive matters.

Plans for the Seminar "From Abortion to Contraception" in Bucharest are developing smoothly. It will be a very interactive meeting, where as well as plenary sessions, our expert groups will organize workshops about their field of expertise. We do hope to meet many of you there.

Another plan for an ESC workshop on counselling in family planning and sex education is being discussed. More news about that will follow in due course.

We are in contact with the IPPF and will present you some relevant data and publications in one of our next Newsletters. Moreover, IPPF is conducting an interesting survey on contraceptive access in Europe. We will keep you informed about this.

As you see the ESC is alive and kicking and is recognized as the main representative in Europe in the broad field of contraception. At the next congresses you will receive the ESC Guide, a small booklet with all kinds of information about the ESC. This has been recently developed and will be distributed shortly. Contacts with health care professionals in other parts of the world become more and more frequent and we will aspire to fulfil their expectations.

Hope to meet you soon in person or on the cyber net.

Warm regards
Olga Loeber
Editor-in-Chief

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News from the ESC Expert Groups

Expert Group on non-hormonal methods of contraception

István Batár, Hungary (Coordinator)



The aim of the Working Group on Non-hormonal Contraceptives is to follow and evaluate the changes in this group of contraceptives in parallel with the development of hormonal methods, and formulate recommendations for everyday practice.

Despite our best attempts the group has not yet managed a formal meeting but directs you initially to a state of the art review article on IUDs written by one of the group members, which appeared in a recent issue of the ESC Journal [Eur J Contracept Repr Health Care 2006;11(4):262-9].

An overview of the whole topic is planned for the 10th ESC Congress in Prague (2008), when in a separate session, all the aspects will be discussed in detail. The program includes the following:

- Sterilisation
- IUD
- Mechanical barriers
- Spermicides
- Periodic abstinence

Each topic will be presented by a well-known international expert followed by discussion. At the end of the session recommendations for clinical practice will be formulated, a written format of which is planned for the ESC website and the Newsletter.

Expert Group on abortion

C. Fiala, Austria and C. Gemzell, Sweden
(Members of the Expert Group)

Restricting access to safe abortion poses a serious health risk for women:

Two recent examples from Europe remind us of the serious risk women are exposed to in countries with illegal abortion:

Ireland: A young woman earlier this year accepted an initially unwanted pregnancy. However a routine check-up revealed that her foetus was anaencephalic and therefore condemned to die shortly after delivery. Unfortunately there is no legal provision in Ireland for this kind of situations and she was forced to travel to UK together with around 7 000 women every year.

Even worse, she was refused to leave the country and an emotional public debate erupted. Finally she was allowed to travel to the UK for an abortion and this was presented as a "solution". The important question remains why a pregnant women who's foetus has a malformation not consistent with life, is refused an abortion in a civilised European country in the 21st century and condemned to carry the pregnancy to term with all the inherent risks for her physical and psychological health.

Poland: In Poland another tragic case occurred some years ago and was recently judged by the European Court. A mother of 3 was advised by her doctors not to get pregnant again because this could seriously impair her vision. Unfortunately the doctors failed to exactly tell her how to prevent a pregnancy and did not prescribe an effective method. It was therefore not a great surprise that she got pregnant again after short. But the risk of getting blind did not qualify her in Poland to get a legal abortion. So she was forced to carry the pregnancy to term. Tragically the woman almost lost her sight after the pregnancy.

Continuous improvement in reproductive choices

There is a continuous political development to improve access to safe abortion and to overcome the medieval remnants of paternalism of women in their reproductive health. The recent examples are Portugal and Sweden.

Portugal: Making abortion illegal is based historically on military considerations or the desire of dictatorships to increase their population. Until recently Portugal has been one of the very few European countries still sticking to this outdated social concept. But with a poll earlier this year showed a majority of the voters supporting to allow women legal access to safe abortion and by this sparing them the terrible and dangerous experience of having this done illegally or travelling to one of the clinics in neighbouring Spain. It is well documented that this move will

improve women's health and make it possible to implement prevention campaigns so that women and couples can improve their contraceptive use.

Sweden: Although Sweden has been on the forefront in reproductive health including abortion, this has been limited to those living in the country. A recent change of the law finally also allows foreign women to undergo a legal abortion. This provision is of special importance for Polish women. They are either forced to undergo an expensive abortion performed illegally by a doctor in Poland or to travel to neighbouring countries. Sweden is an ideal destination with frequent ferry connections. Now Polish women can access safe abortions also in Sweden. And we are eagerly waiting how many years Polish politics will take to recognise that the health and survival of their female population is too important as to being cared for in other countries.

UK: there is to be a review of the Abortion Law in the UK. The Parliament Science and Technology Committee is to conduct an enquiry into scientific developments relating to the Abortion Act 1967.

It will focus on the scientific and medical evidence relating to

- the 24 week upper time limit on most legal abortions,
- medical, scientific and social research relative to the impact of suggested law reforms to first trimester abortions (including the need for 2 doctors signature and allowing nurses/ midwives to carry out abortions or allowing the 2nd stage of medical abortions to be performed at home)
- evidence of long term or acute adverse health outcomes from abortion or from the restriction of access to abortion

Specifically, the committee will not be looking at ethical or moral issues.

Both sides of the Abortion debate (pro and anti) in Parliament welcome this: the pro-choice lobby appreciate the Law is outdated medically and socially. The pro-life movement wants to take a restrictive stance reminiscent of the current state of affairs in the USA.

Revised approval of Mifepristone for medical abortion

Introduction of medical abortion has further improved the health status of women and increased their reproductive

choices. Mifepristone was approved already in 1988 in France under the brand name of Mifegyne®. This so called "abortion pill" has since been approved in most West-European countries and is being used by around 50% of women who have a free choice and even much more in some countries like Sweden.

Over the last 2 years, EMEA, the European Medicines Agency has re-evaluated the approval of Mifepristone for medical abortion. This procedure was recently concluded. As a result of the re-evaluation, the national approvals in the EU are expected to be adapted within the next months. However it is important to keep in mind that this only concerns the approved regimen and not other evidence based regimens, like WHO, RCOG etc. For example all evidence based regimens recommend vaginal use of misoprostol because it is more effective as compared to oral use. However no company has so far produced a vaginal tablet of 200µg of misoprostol or applied for vaginal application. Consequently misoprostol given vaginally is an off-label use. This explains that vaginal use is not included in the EMEA approval. The body responsible for registration can not possibly recommend an off label use of a drug.

The most important details of the revised approval are:

- The extension of the gestational age up to 63 days of amenorrhea. (Mifepristone has already been approved up to a gestational age limit of 63 days in the UK, Sweden and Norway since 1991, 1992 and 2000 respectively.)
- Unchanged is the approved regimen with 600mg up to 49 days of amenorrhea in combination with oral misoprostol 400µg. A reduced dosage of mifepristone in combination with oral misoprostol is not recommended.
- The dose of mifepristone can be reduced to 200mg in combination with 1mg of gemeprost (vaginally)

Regardless, RCOG and WHO recommend: 200mg of mifepristone followed by 800µg of misoprostol given vaginally 36-48 hours later.

The press release of EMEA on this topic can be downloaded at: <http://www.emea.eu.int/pdfs/human/press/pr/13270607en.pdf>

The WHO recommendation can be found at: www.who.int/reproductive-health/publications/safe_abortion/

The RCOG guideline can be found at: www.rcog.org.uk/index.asp?PageID=662

News from the ESC Expert Groups

Expert Group on sexual and reproductive health and education

S. Reuter, United Kingdom (Member of the Expert Group)

Come on in & have a look!

The web library on sex education came online in March 2007. It contains resources for professionals and the public. It supports educators and consumers and highlights best practice from a variety of sources. Access to the library is free and its use not dependent on membership of the ESC.

At the moment it still seems to be a bit of a secret: the webmaster has registered only 100 hits since the site went live. So don't be shy, come in & have a look, tell us what you think! In order to make this new tool relevant to as many of you as possible we need your input: what works for you? What other resources do you know about? Do you have a resource to share?

Visit: www.contraception-esc.com/weblibrary

Expert Group on hormonal contraception

D. Serfaty, France (Coordinator of the Expert Group)

The members of the Expert Group are J.J.Amy (Belgium), D.Cibula (Czech Republic), D. Serfaty (France), R .Sitruk-Ware (USA) and S. Skouby (Denmark).

This group had its first meeting on the 14th April 2007 in Prague at the occasion of "Implanon Expert Group". It has been decided to organise a session during the 10th ESC Congress in Prague with the following tentative programme: Theme: "Questions and Answers; unanswered questions on hormonal contraception"

Four subjects will be considered:

- 1 – Do we need new progestins and new estrogens in contraception?
- 2 - Do we know how to speak to adolescents in matter of sexuality and contraception?
- 3 – What, exactly, is the carcinogenic risk of both the combined oral contraceptives and the progestogen only contraceptives?
- 4 – The metabolic and cardio-vascular consequences of PCO syndrome are deleterious. May correctly chosen hormonal contraception avoid these consequences?

Each question will be debated by two members of the ESC Expert Group on Hormonal Contraception, following the initial presentation of the rationale.

News from Denmark

K.R. Petersen (ESC Board Member Denmark)

Abortion

Abortion up to 12th weeks of gestation has been allowed in Denmark for more than 30 years and during this period there has been a decline in the abortion rate almost every year. The latest figures from 2006 confirms this trend and the rate of induced abortion among women aged 15-49 is now 12,2/1000 women. This is encouraging, but it causes concern that the abortion rate among teenagers has in fact increased peaking at 29,8 out of 1.000 women between 15 and 19 in Copenhagen. These figures stress the need for continuous sex education in this age group and there is discussion about directing further effort towards the youngest school leavers.

Emergency contraception

The use of emergency contraception in Denmark has increased from 21.000 to 70.000 packages during the last 5 years and this increase has perhaps contributed to the decreased rate of abortion. In a recent survey of the use of EC by the National Board of Health it was found that only occasionally was it used instead of reliable contraceptive methods. The typical user was between 20 and 29 years and an effort to spread the knowledge of EC among teenagers may be part of the effort to reduce the abortion rate in this age group.

Pill scare ?

During the last weeks there has been a debate in the mass media of a possible greater risk of vascular disease among users of drospirone (DSP) containing OCs when compared to other OCs. The issue, which was raised by a national TV channel was based on reports to the Danish Medicines Agency. These were case-reports and studies of the prothrombotic effects of DSP containing OCs evaluated by the Global protein C Sensitivity test.

The Danish Medicines Agency as well as the Danish Society of Obstetrics and Gynecology have evaluated the available evidence and concluded that there is, at present, no evidence that users of DSP containing OCs are at greater risk of vascular disease than users of other OCs. It is to be hoped that this campaign from the media will not compromise the efforts to spread the use of reliable contraceptive methods and the above mentioned authorities should be given credit for effectively pointing out the lack of scientific evidence in the campaign from the mass media.

ESC participation in the International Congress of the Turkish Society of Family Planning and Reproductive Health

Report by Olga Loeber



From 20th to 22nd of April 2007 an International Congress of the Turkish Society of Family Planning and Reproductive Health was held in Ankara. Quite a few of our members were invited as speakers and we were warmly received by our host, the Turkish Family Planning and Reproductive Health Society. The congress had a good attendance (630 participants)

even though it almost overlapped with a similar congress in Antalya. Many of our Turkish colleagues had to rush from one congress to the other. What was remarkable that the attendance at the lectures was excellent right up to the end of the congress, at least as far as I experienced, and even though the programme was very full from early morning until the evening. I heard from the organisers that even now they are still receiving a lot of positive feedback from the attendants.

Just to give you an impression of the content I will mention a few of the take home messages of some of our ESC speakers:

- Most recent studies indicate that HPV negative COC-users do not have an increased risk of cervical malignancy
- History of oral contraceptives use significantly reduces risk of any cancer, like endometrial cancer and ovarian cancer, while demonstrating no effect on breast cancer. The magnitude of risk reduction maintains a significant role for OC use as a prophylaxis against gynecological hormone dependent tumors (WHO study).
- From another presentation: Current COC use is associated with an increase of breast cancer. RR ~ 1.2-1.3. Risk begins to rise after 5 years of use and remains at least 10 years after last use.
- Combined HRT in ever COC users shows conflicting data.
- Turkish immigrants do not have an easy time integrating into other cultures due to many factors; the women succeed better than the men. This has consequences with regards to choice of partners, aspired family size and combination of work and child care.

David Cibula used the opportunity to inform the participants about the aims and activities of the ESC. Since a large part of the EC was present during the congress we used the opportunity to have an EC meeting as well.

Family planning, the challenge of the 21st Century

1st Educational Seminar of the Polish Society of Gynaecologists and the European Society of Contraception, Warsaw (Poland), 13-14th April, 2007

Report by Medard Lech

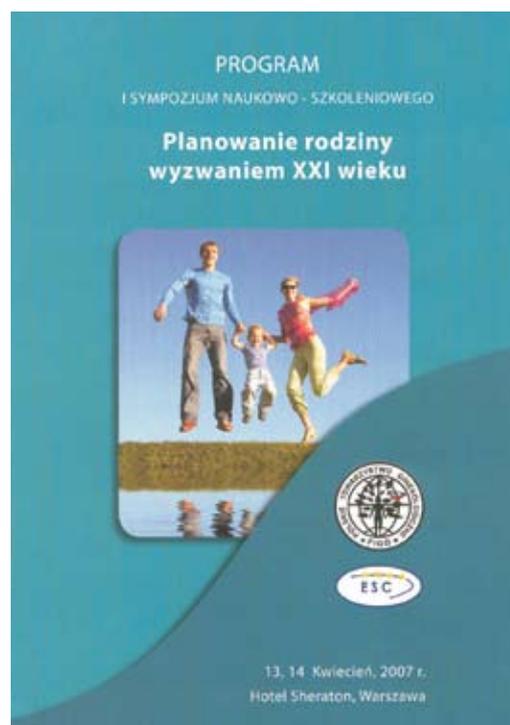
During the two day Seminar, over five hundred Polish gynaecologists, had the chance to see and hear 20 presentations presented by the best, and well known medical teachers in the field of epidemiology, gynaecological endocrinology, oncology and reproductive health in general. All presentations were closely related to the topic of the Seminar, and participants have received CME credits. Most of the participants were very active; taking part both in the discussions and during the talksspeeches. Just to give you an idea about the issues which were discussed I list some of the titles of the presentations;

- Unwanted pregnancy; medical and social problem,
- Biological methods; the risk or the moral imperative?
- Compliance; a very important factor for the effectiveness of contraception,
- Is there a universally accepted way of choosing a method of contraception?
- Psychological and sexological aspects of contraception,
- The place of hormonal contraception in acne treatment; dermatological point of view,
- Contraception in adolescence,
- Contraception in women with BRCA1 and BRCA2 mutations,
- Long-acting contraception,
- Contraception in women with chronic diseases.

The Seminar was organised by the Executive Committee of the Polish Society of Gynaecologists headed by Jan Kotarski (the President of the Society) and the European Society of Contraception represented by Medard Lech (ESC Executive Committee member).

ESC participation in the 5th Congress of the Francophone Society of Contraception (Fes, Morocco, 31 May to 2 June 2007)

The ESC held a very successful session during this congress with an update on contraception. The Vice President of the ESC, Dimitrios Lazaris, has been given the opportunity to introduce the aims and activities of the ESC and to invite the participants to the Prague Congress.



Review of material for sexual education

by Olga Loeber, Coordinator of the Expert Group on Sexual and Reproductive Health and Education

In the series 'Sexual Health for life TM' new material has been published in the UK and the editor sent it to us for consideration. It consists of three workbooks with information and work forms, combined with 3 CD's and an extra foreword for teachers and educators. The material has a fresh look with nice pictures and attractive tools and games.

Therefore my first impression was positive. However I do have objections to the basic principle behind the message it gives you. It is full of warnings about the dangers and risks of sex. On the second page of every book a droopy teenager is comforted by his/her parents, obviously because something went very wrong, with the caption: 'Sexual Health should be enjoyed for life, not something you worry about for the rest of your life'. The first book is about STI's, the second about drug and alcohol awareness and the third about contraception. Only in the last book is communication between partners discussed and then mainly in the form of 'just say no!', or as McAllister calls it: verbal contraception.

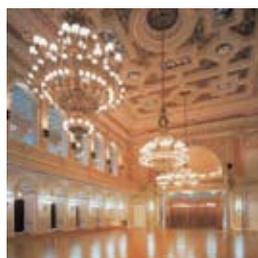
In the first book about STI the information about the different diseases is extensive and usually correct although in the section about HPV it is not made clear that the type that causes warts is different from the type that causes cancer, which could be very scary for youngsters with warts. And this book ends with the message that delaying sex is the best you can do.

The second volume about drug and alcohol awareness is somewhat outside my expertise, again a lot of information about the different substances and a lot of warnings.

The 3rd book about contraception contains some mistakes. It suggests the IUS can be used as emergency IUD, that 'thousands of sperm can be found in one drop of pre-come', which could very easily make you pregnant. Most information is correct though. But nowhere in the material could I find anything about the pleasures of sex, about how to become friends and intimate with someone. How to empower yourself and be competent not only to say 'no', but also 'yes' if there is someone you fall in love with.

Sexual Health for Life
Written by Ian McAllister,
Ukti Limited, Crieff, Scotland
www.uk-ti.com
ISBN 0-9551687-2-4

10th ESC Congress Prague, Czech Republic, 30 April to 3 May 2008 Non-contraceptive impact of contraception and family planning



Call for abstracts

The Organizing and Scientific Committee cordially invite all those involved in any aspect of contraception, sexual and reproductive health care to participate actively by submitting abstracts, either for oral or poster presentation. All abstracts will be peer reviewed and those accepted will be published in a Supplement of the European Journal of Contraception and Reproductive Health Care.

Abstracts submitted for the Young Scientist session should be written by a first author who is less than 33 years old on May 1st, 2008. Authors who wish to be included in this session, should indicate this on the online form.

Abstracts can only be submitted electronically through the online system on www.contraception-esc.com (congress section).
Abstract submission deadline: 1 January 2008

Call for registrations

Take advantage of the early registration fee (deadline 1 February 2008)!

You can register:

- through the online system on www.contraception-esc.com (congress section)
- by completing and returning the hard copy registration form to the ESC Central Office, Opalfeneweg 3, 1740 Ternat, Belgium)

9th ESC Seminar, Bucharest, Romania 21 and 22 September 2007 *From abortion to contraception*

LAST CALL FOR REGISTRATIONS
LAST CALL FOR ABSTRACTS



We invite you to take part in the 9th ESC Seminar. The aim of the seminar is to have the opportunity to share current practices and thoughts from around Europe and to learn from them by having plenty of time for discussion.

The theme of the 9th Seminar is "From abortion to contraception".

Three plenary sessions will deal with the main aspects of contraception:

- Medical abortion : is it still a method of family planning?
- New achievements in contraception
- Summary of the Seminar : reports on the workshops and the forum

Plenary sessions will be followed by ample discussion time and then lead into interactive workshops.

- Workshop 1 : Medical abortion in European Countries in 2007
- Workshop 2 : Sexuality in your office
- Workshop 3 : How to move from abortion to contraception?

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

We hope that you will be joining us for an exciting seminar in Bucharest. Information: seminar@contraception-esc.com

THE 23rd IUSTI-EUROPE

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17 - 20 September 2008, Montréal
joint meeting with



THE SOCIETY OF
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The American College
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Key Dates

December 2007
Provisional Programme & Call for Papers Circulated

26 March 2008
Return Deadline for Abstracts

26 May 2008
Confirmation of Abstract Acceptance

27 June 2008
End of Reduced Rate Registration

17 - 20 September 2008
Royal College of Obstetricians and Gynaecologists
7th International Scientific Meeting

Congress Secretariat: RCOG 2008, c/o 4B, 50 Speirs Wharf, Port Dundas, Glasgow G4 9TH, Scotland, UK
Tel: +44 (0)141 331 0123 Fax: +44 (0)207 117 4560 E-mail: info@rcog2008.com Web: www.rcog2008.com

**Cervical and Vaginal Ecology-Impact on
Health and Reproduction**
December 12-14th, 2007, Lund, Sweden
www.ssgm.se



All materials to be included in the ESC Newsletter should be submitted (electronically) to the:
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All Newsletters are also to be found on the website of the Society:
www.contraception-esc.com (go to 'News')

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