

irregularities, as is widely published in the literature. Schumann and Glasier<sup>15</sup> have shown that expert counselling increases LARC uptake but does not decrease the repeat abortion rate. This suggests that the initial response to expert counselling is positive, with a decline in motivation resulting in discontinuation of LARC.

Only 5% of our patients had accessed EC. Whilst EC should be used only in exceptional circumstances rather than routinely, EC could nevertheless prove very useful if the patient had a reasonable understanding of their indications and direction for use.<sup>16</sup> It is clear that placing emphasis on EC awareness and availability during contraceptive counselling could help reduce the incidence of repeat TOPs.

Management of repeat abortion should go beyond just medical considerations and should consider the social, economic, cultural and psychological aspects of an individual woman. Studies have shown complex psychological factors to be a potent factor in non-acceptance or poor compliance with contraception.<sup>10,17,18</sup> Schumann and Glasier in a randomised study have shown that directed expert counselling does not improve long-term continuation of contraceptive methods.<sup>14</sup> Therefore, it is imperative that in addition to full medical counselling for contraception, psychological counselling and involvement of social workers where appropriate may be beneficial in tackling underlying psychosocial problems. In conjunction with this, the provision of follow-up to address concerns regarding the chosen contraceptive method, the involvement of partners in the decision-making process and the continuation of contraception could all help to reduce the incidence of abortion.

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## BOOK REVIEWS

**Contraception: A History.** Robert Jütte (English translation by Vicky Russell). Oxford, UK: Polity Press, 2007. ISBN-13: 978-0745632711. Price: £18.99. Pages: 288 (paperback)

Despite its title, this book covers a tremendous amount. It examines attitudes towards sexuality and contraception, as well as the various means by which people have tried to control their fertility through the ages. It looks at the attitudes and behaviour of those who opposed any controls or restriction on the policy of “go forth and multiply”, as well as those who turned a blind eye to what people did, and those who encouraged the use and spread information about contraception.

The book contains so much that it is impossible to summarise. Much of its content was new to me, despite my many years immersed in the literature around contraception. It provides considerable ammunition for those opposed to illogical thought or who need to reply to those who rely on so-called “traditional beliefs”. The author starts with 429 BC. He quotes Plato and Aristotle (who both debated birth control) and finishes with a debate about the role of the male pill today.

The author also covers the publication in 1900 of an early clinical trial from Mensinga, an influential medical campaigner for birth control in Germany. Mensinga reported the use of his pessary (diaphragm) in “a dozen of my female patients who, wholly aware of its purpose, have been assisting me in my reliability project”. Mensinga

reported that all of the patients, two from the upper class, four from the middle class and six from the working class, had been using the pessary with success for more than 4 years. Sophisticated stuff! Robert Jütte also details the opposition of the medical publications in the UK at the time, fulminating against the unnatural practice of contraception.

It was interesting to read that in the 18th and 19th centuries the USA was very against contraception and passed laws whereby it was illegal to pass on information about contraception, even, in some states, by word of mouth. And that these regulations were not lifted until 1965! By comparison, even the Catholic Church was less draconian. They only suggested that the priest should “not enquire directly about it in the oral confessional”! And many other countries had legislation about the publication of information about contraception, ignored or flouted by the valiant campaigners.

The inclusion of information from so many sources and countries about contraception techniques, information and the battles for the freedom of the woman to choose is staggering. The index is excellent, making it easy to look things up. Not a light read, but an excellent resource book (lots of references) and provoking much thought.

Reviewed by **Gill Wakley**, MD, FFSRH  
Advisory Editor, *Journal of Family Planning and Reproductive Health Care*

**Problem Solving in Women’s Health.** Margaret Rees, Sally Hope, Martin K Oehler, Jane Moore and Polly Crawford. Oxford, UK: Clinical Publishing, 2008. ISBN-13: 978-1-84692-028-8. Price: £35.00. Pages: 244 (paperback)

This is an interesting book dealing with conditions that women usually present with in primary care. The book is divided into eight main sections: menstrual problems, menopause, fertility and contraception, gynaecological emergencies, sexual problems, urogenital problems, prevention and screening, and gynaecological cancer. Background information is followed by investigations, management, medical options, recent developments and conclusions. A case history and further reading are also presented in each instance, which helps to clarify the condition very well. The book is well laid out with clear headings and text that is easy to read. Each condition discussed is between two and four pages long, thus giving useful advice at a glance if information about a particular problem is required quickly. The clarity and succinctness of the book make it particularly useful for busy health care professionals working in primary care, including general practice, NHS walk-in centres and sexual health clinics.

Reviewed by **Lucy Bunting**, RGN  
Health Visitor and Sexual Health Nurse, Heart of Birmingham Teaching Primary Care Trust (HoBTPCT), Birmingham, UK