

Venus

Targeted brief intervention helps reduce teenage pregnancies

A rapid reduction in repeat teenage pregnancies was achieved with a brief intervention aimed at targeting pregnant or parenting adolescents. The strategy adopted motivational interviewing with facilitated contraception access. There was an 18.1% absolute reduction in self-reported repeat pregnancy in the intervention group relative to the control group (20.5% vs 38.6%, $P < 0.001$), and there was a 13.7% absolute increase in self-reported long-acting reversible contraception use in the intervention group relative to the control group (40.2% vs 26.5%, $P < 0.002$). There was no evidence of harmful effects of the intervention on sexual risk behaviours, such as having sexual intercourse without a condom or with a greater number of partners.

Am J Obstet Gynecol 2017;217:423.e1–9. doi.org/10.1016/j.ajog.2017.06.010

Sexting among US adolescents remains a fairly common behaviour

Sexting – exchanging sexually explicit mobile phone pictures of genitalia and breasts – is a widely acknowledged practice among adolescents. A survey conducted in a single private high school in Salt Lake City (USA) involving over 600 students was repeated after 4 years. The practice remains popular. Reported rates of sending (males 15.8%, females 13.6%) and receiving (males 40.5%, females 30.6%) sexually explicit phone pictures were generally similar to those reported at the same school 4 years earlier. However, rates of forwarding sexts (males 12.2%, females 7.6%) were much lower than those previously acknowledged at this school.

Arch Sex Behav 2017;46:1667–72. doi:10.1077/s10508-016-0926-9

TOP service provision needs to move away from stigmatising ‘repeat abortion’

A Scottish study of termination of pregnancy (TOP) found that women undergoing more than one TOP within 2 years may experience particular challenges and vulnerabilities. Qualitative and integrative analyses highlighted issues relating to contraceptive challenges, intimate partner violence, life aspirations and socioeconomic disadvantage. The researchers say that service provision should recognise this and move away from stigmatising discourses of ‘repeat abortion’. In terms of policy and patient-centred care, there is a tangible need

to effectively (re)position TOP as an acceptable and essential option on the spectrum of reproductive control.

BJOG Online First 20 October 2017. doi:10.1111/1471-0528.14940

See also: *J Fam Plann Reprod Health Care* 2017; 43:26–30. doi:10.1136/jfprhc-2016-101487

Oral progesterone reduces risk of recurrent spontaneous preterm delivery

Progesterone prevents recurrent spontaneous preterm delivery, but there’s little agreement about the optimal doses or the most effective formulation to use. A study involving 212 singleton pregnancies with a past history of spontaneous preterm delivery before 37 weeks randomised women into a progesterone group receiving 100mg oral micronised progesterone 6-hourly from 16 weeks to 37 weeks or delivery, and an identical placebo group. The progesterone group delivered at a later gestational age. The number needed to treat to prevent one case of spontaneous preterm birth was five. Both groups had similar rates of operative delivery and postpartum complications. As well as being effective, oral micronised progesterone is affordable and safe.

Acta Obstet Gynecol Scand Online First 19 October 2017. doi:10.1111/aogs.13236

Breastfeeding shown to promote new mothers’ sleep

After giving birth, long-term sleep disturbance and fatigue can have significant implications for physical and mental health, relationships, employment and parental competence. A study of sleep patterns and reasons for wakefulness of first-time mothers immediately after delivery asked 31 first-time mothers to complete a postnatal sleep questionnaire, detailing their total sleep time (TST), the reasons for being awake and their level of fatigue. Real-time logs were completed during the first 48 hours postpartum, while the women were still in hospital. The data indicated that the mean TST in the first 48 hours was 9.7 hours. Only breastfeeding influenced the TST. Breastfeeding women slept on average 2.6 hours longer than formula-feeding women.

J Obstet Gynaecol Online First 12 October 2017. doi:10.1080/01443615.2017.1353594

Expectant first-time fathers experience elevated risk of depressive symptoms

Are men emotionally challenged by pregnancy? A cross-sectional study examining the prevalence and determinants of depressive symptoms in first-time expectant fathers during the third trimester of their partner’s

pregnancy says they are. Some 622 men participated in research which measured depressed mood, physical activity, quality of sleep, social support, marital adjustment, life events, financial stress and demographics. Thirteen percent of the men were diagnosed with depression. The authors suggest men should be screened for depression just as women are in the antenatal period, and interventions that promote better sleep, manage stress and mobilise social support should be tailored to new fathers at risk of depression as they transition to parenthood.

Am J Mens Health 2017;11:1376–84. doi:10.1177/1557988315606963

Educational outreach needed to enhance fertility awareness

Venus is often shocked to discover that many women don’t realise that their fecundability – the probability of conceiving within a given period of time – changes with age. Over 1000 American women aged 18–45 years including medical students and obstetrics trainees were surveyed about their knowledge of natural fertility and fertility treatments. Participant awareness regarding lifestyle factors varied, but it was particularly low regarding the effects of lubricants. The majority underestimated the spontaneous miscarriage rate and overestimated the fecundability of 40-year-old women. There was general overestimation of success rates for assisted reproductive technologies, particularly among medical trainees. These results raise concerns about the quality of the fertility counselling they offer patients.

Fertil Steril 2017;108:4:711–17. doi.org/10.1016/j.fertnstert.2017.07.1158

Challenges and opportunities co-exist for digital sexual health intervention in a clinic setting

A Men’s Safer Sex website was offered on tablet computers to men in the waiting rooms of three London sexual health clinics, in a feasibility, online, randomised controlled trial. Interviews were conducted with 11 men and with nine clinic staff, to explore their views of the website and the online trial. Clinic users and staff felt that digital interventions such as the website are useful, especially if National Health Service (NHS) endorsed. Pre-appointment waiting time presents a good opportunity for intervention, but clinic users and staff felt that a website should supplement rather than replace face-to-face healthcare. Staff were more concerned about consent and confidentiality issues than clinic users, and both groups were frustrated by technical problems.

Digit Health 2017;3:1–20. doi:10.1177/2055207617704272