

WEBSITE REVIEWS

IPPF website

The International Planned Parenthood Federation (IPPF) maintains a valuable website at www.IPPF.org. The website reflects IPPF's commitment to promoting high standards of reproductive health care worldwide. It also provides medical and up-to-date news resources of more immediate relevance to a UK audience.

IPPF is currently raising the profile of its Quality of Care Programme with a new biannual online newsletter. Heavily supported by the Bill and Melinda Gates Foundation, this programme involves international collaboration in setting and achieving good standards of care in reproductive health worldwide.

The website also gives easy access to IPPF's excellent medical and technical literature, including the regular Medical Bulletins and Statements from the International Medical Advisory Panel. The IPPF's invaluable Directory

of Hormonal Contraceptives was updated in February 2002 and is now available in a user-friendly, online format.

Source: www.IPPF.org

NAPS website

The UK National Association for Premenstrual Syndrome (NAPS) is a medical charity committed to supporting women with premenstrual syndrome (PMS) and their families. It runs a useful website aimed primarily at PMS sufferers. This easily navigated site offers practical lifestyle and dietary advice. A 'Dear Doctor' section posts answers to website users' medical questions. NAPS also offers professionals help with diagnosis and management of PMS and carries an extensive database of research literature on the topic.

Source: www.pms.org.uk

Menopause website

Menopause Matters offers practical, balanced information on the menopause, HRT (and its alternatives) and other issues such as contraception in the perimenopause. The site also

features a news and update section with thorough, balanced analysis and interpretation of recent research findings.

This independent, clinician-led website is aimed mainly at patients, who will be extremely well informed after browsing the site. Doctors may need to visit the password-protected section for professionals in order to keep up with their patients!

Source: www.menopausematters.co.uk

Online information on drugs in pregnancy

Among many other useful features, doctors.net now provides online access to the National Teratology Information Service for doctors. This website summarises the available evidence on the effects of any drug and chemical exposures during pregnancy and lactation. Where appropriate, it provides practical advice about what to do next and who to contact for further help. The site is part of the National Poisons Information Service, which is funded by the Department of Health.

Source: www.doctors.net.uk

LETTERS

Progestogen-only emergency contraception

Madam

We read with great interest the editorial on progestogen-only emergency contraception (POEC).¹ The author refers incorrectly to a July 2002 article as the first case report of ectopic pregnancy following failed postcoital POEC. In late 2000 we undertook a post-marketing surveillance study of POEC prescription in France in order to investigate the efficacy and safety of this method in 'real life' use. Our results, published in July 2001, covered in excess of 2500 POEC prescriptions and included reports of three cases of ectopic pregnancy following POEC failures.² We addressed the question of a possible association between POEC use and ectopic pregnancy via a two-fold analysis of the data available at that time. First, as an incidence rate within the context of the study results. Second, as an extrapolated incidence based on the number of spontaneously reported cases of ectopic pregnancies after POEC failures relative to the number of POEC units that we knew had been bought during the same period. We concluded at that time that it was unlikely that the incidence of ectopic pregnancy was increased after POEC failure.

A recently published World Health Organization (WHO) multicentre clinical study presented data from an additional 2712 women who had taken levonorgestrel emergency contraception, thus bringing us one step closer to an estimation of incidence in a controlled clinical environment where there is minimal risk of under-reporting.³ In this study, 44 pregnancies were observed (1.6%) of which one was tubal (2.2%); an incidence rate not significantly different from the reported spontaneous incidence of 11–19 per 1000 pregnancies.⁴ This conclusion is supported by recent data on POEC's mechanism of action, which seems to be different from that of progestogen-only pills. It appears that POEC acts mainly by ovulation blockade or delay and that postovulatory events play little, if any, role in its efficacy.⁵

Our own data, based on nearly 4 years of post-marketing surveillance, show that altogether approximately 4.4 million units of our POEC product have been sold, mainly in the European

Union. To date, eight ectopic pregnancies have been spontaneously reported after failure of POEC. Assuming that the pregnancy rate following POEC use is 1.6% in clinical trials³ and closer to 3% in real-world use,² at least 70 000 pregnancies and thus a minimum of 700 spontaneous ectopic pregnancies should have been reported. The fact that we have received spontaneous reports of only eight ectopic pregnancies confirms that severe adverse events are indeed significantly under-reported. Even if as few as 1% of ectopic pregnancies are reported, the current data do not substantiate a conclusion of increased risk associated with POEC use.

We agree with the authors that further research is merited to determine whether pregnancies following POEC use are more likely to be ectopic than those occurring in the general population. Nevertheless, it is important to point out that POEC protects against ectopic pregnancy overall by preventing conception. Because POEC is not 100% effective, however, patients and providers should be alert to the symptoms of ectopic pregnancy in the event of a method failure. Our product's patient information leaflet specifically defines ectopic pregnancy and salpingitis and cautions women who have a history of either one to seek medical advice prior to taking POEC. The summary of product characteristics reminds providers of the importance of performing a pregnancy test in case of suspected failure (menstrual period delayed by more than 5 days or abnormal bleeding at the expected date of the menstrual period). We conclude that the data presented by the authors do not warrant any change in our current recommendations. We shall remain vigilant regarding this issue and will take appropriate measures to communicate any new information as it becomes available.

Erin Gainer, Laboratoire HRA Pharma, 19 rue Frédéric Lemaître, 75020 Paris, France.

Christian Méry, Laboratoire HRA Pharma, Paris, France

André Ulmann, Laboratoire HRA Pharma, Paris, France

Competing interests

All three authors work for Laboratoire HRA Pharma, the French pharmaceutical laboratory that holds market authorisations for a progestogen-only emergency contraceptive product in over 50 countries (variously known as Norlevo®, Vikela® or Duofem®).

References

- Harrison-Woolrych M. Progestogen-only emergency contraception and ectopic pregnancy. *J Fam Plann Reprod Health Care* 2003; **29**: 5–6.

- Gainer E, Mery C, Ulmann A. Levonorgestrel-only emergency contraception: real-world tolerance and efficacy. *Contraception* 2001; **64**: 17–21.
- von Hertzen H, Piaggio G, Ding J, et al. for the WHO Research Group on Post-ovulatory Methods of Fertility Regulation. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomised trial. *Lancet* 2002; **360**(9348): 1803–1810.
- Tay JI, Moore J, Walker JJ. Ectopic pregnancy. *BMJ* 2000; **320**: 916–919.
- Marions L, Hultenby K, Lindell I, et al. Emergency contraception with mifepristone and levonorgestrel: mechanism of action. *Obstet Gynecol* 2002; **100**: 65–71.

How to remove a Chinese IUD

Madam

I recently saw a 21-year-old nulliparous woman in a family planning clinic. She was using an intrauterine device (IUD) for contraception and was seeking its removal as she wished to conceive. The IUD is a popular contraceptive in China with two-thirds of the world's 106 million IUD users being Chinese!¹ The IUD used in China is usually thread-free and it has been argued that this is associated with a lower incidence of PID. However, this does mean that removal may be difficult particularly in a nulliparous woman.

In this case it was possible to pass a hook coil remover into the uterine cavity and with some difficulty the IUD was removed. However, local anaesthetic intracervical block and dilatation of the cervix to Hegar 3 was necessary. The problem that I experienced was that the hook tended to slide over the IUD rather than to grasp it. The IUD when removed was a stainless steel wire, flexible ring.

The difficulties I experienced raised two questions:

- Is there a hook specifically designed for the removal of these ring coils?
- When inserted, is a loading device needed or can the IUD simply be pushed into the uterine cavity through an undilated cervix?

This lady did not speak English; her sister accompanied her for moral support and she spoke a little English. She too has an IUD and is also considering its removal. I would be grateful to hear of other readers' experiences, hopefully before I am challenged again.

Sue Stillwell, Career Grade Trainee, Family Planning and Sexual Health Services, Saltergate Health Centre, Saltergate, Chesterfield S40 1SX, UK

Reference

- Treiman K, Liskin L, Kols A, et al. IUDs - an update. *Popul Rep* 1995; **Series B**(6): 1–35.