been reported.[4] Extrusion through the anterior abdominal wall is also known.[5] These migration events have been reported from 10 months to 13 years following application.

There is a small but significant literature describing unusual migration of the tubal clip. It is unclear if the tubal clip within the uterine cavity contributed to the symptoms or formation of the polyp. Although uncommon, women should be informed of the possibility of tubal clip migration. Tubal patency assessment may be required in women during their reproductive years.

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Advertising sexual health products

In the UK, the Independent Advisory Group on Sexual Health and HIV advised improvement in public knowledge of contraception and prevention of sexually transmitted infections (STIs) with media coverage.[1]

However, the UK's Medicines Act of 1968[2] prohibits the advertisement of prescription-only medicines (POMs); any advertisements that may lead to the use of a POM; and any advertisements that refer to products that may be used to procure a termination of pregnancy. Condoms and chlamydia testing can be advertised as these do not now constitute POMs. Unfortunately, sexual health 'products' like contraception are POMs, and cannot be advertised.

The Medicines and Healthcare products Regulatory Agency (MHRA) is the government body responsible for the safety and efficacy of medicines in the UK. It ensures that the advertisement of medicinal products is compliant with both European Commission (EC) and UK law. The MHRA is also behind the reclassification initiative supporting the availability of more medicines from the pharmacy [i.e. pharmacy medicines (Ps)]. An example of a categorisation changed from POM to P relevant to sexual health is Levonelle One-Step®, made obtainable over the counter in 2001 to facilitate quick access to emergency contraception. Evidence of access improvement from this reclassification is suggested by the 30% decrease in the number of emergency contraceptive pills issued by National Health Service (NHS) contraceptive clinics since 2001.[3]

Another example is Clamelle® (azithromycin), now the first oral antibiotic in the UK to be available without a prescription to asymptomatic individuals with a positive chlamydia test and their partners.

This year the Committee of Advertising Practice (CAP), which is concerned with regulating advertising in the UK, carried out a review of its code that involved a public consultation.[4] The outcome of the CAP code review could facilitate the promotion of sexual health services in future.

Some people do not support the advertisement of sexual health services, and there is a small chance the outcome may be different from that anticipated. However, in this regard, one study on direct to consumer advertising (DTCA) of medicinal products[5] showed:

- It increases consumer awareness
- It motivates consumers to seek additional information from health professionals and other sources
- It aids patient-doctor discussions
- It even motivates the pursuance of lifestyle changes in place of POMs.

In addition, a systematic review of the impact of DTCA from the consumer's perspective[6] concluded that:

- DTCA can facilitate the compliance process with older consumers *(in this case, it will be compliance with a contraceptive method)*
- It appears to increase the demand for treatments and medicines *(hopefully long-acting reversible contraception, in this case)*.

This evidence suggests that raising awareness through advertising has the potential to be successful and could help combat the country's teenage pregnancy and sexually transmitted infection rates.

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What's in a name?

In the January 2004 issue of this journal, Toni Belfield criticised the continuing use of the term 'coil' for intrauterine devices (IUDs).[1] Six years later, as one of the largest distributors of intrauterine contraception in the UK, I share her frustration!

Toni made the point that much of our language has changed over time (e.g. 'automobile' to 'car') and therefore the change from 'coil' to 'IUD' should not be difficult. Unfortunately, I feel she missed one crucial point and that is that we are all intrinsically, linguistically lazy. In fact, all the examples Toni gave of changing terminology proved this, in that all the newer terms had fewer syllables than those they were replacing (e.g. 'long-playing record' to 'CD' or 'album'). In contrast 'coil' has only one syllable, but 'IUD' has three and that, I believe. is why the majority of us still use 'coil' in preference.

'Coil' is a hard, cold, slightly sinister term, reminiscent of reptilian features. My suggested alternative, on the other hand, is monosyllabic, soft, warm, friendly and may even endow the humble IUD with a flirtatious overtone – I suggest that we should call IUDs 'Tees' (or 'Tease'?). The intrauterine system (IUS), of course, would be 'Hormonal Tease'. (Come to think of it, I went out with one of those when I was at college.)

After a few years of colloquial use, I anticipate male pulses racing when they hear the phrase "Tee's ready" but perhaps experiencing slight anxiety at the cautionary "Hurry up, Tee's getting cold". 'Tee dances' would take on a whole new lease of life, not to mention 'Tee parties' and 'Tee for two'….

So that is my New Year Resolution – I shall not use the term 'coil' ever again. It's 'Tee' for me, and I hope all readers of this journal will follow suit. Anyway, anyone for Tee?

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Reply

This truly is a no-brainer. I recoil at the term "coil" and I definitely wheeze at the term "Tees"! Why do we have such a problem with using correct and accessible sexual health language? Contraceptive methods have evolved hugely over time: we now have safer, more effective methods, but our language around contraception remains archaic, unclear and confusing. Colin Parker suggests we are intrinsically or linguistically lazy, no – just misguided![1] Actually what we do is make assumptions about our clients' abilities and understanding; use terminology we have always used and feel comfortable with, and as such never move on! From first- to fourth-generation intrauterine contraception, we have had all shapes and sizes of intrauterine devices (IUDs): rings, spirals, bows, loops, coils, shields and 7s, to the modern framed and frameless copper and hormonal IUDs we have today, which include T shapes but not exclusively. So why do we still refer to copper IUDs as coils or, even worse, refer to the levonorgestrel IUD as the hormonal coil? Such terminology bears no resemblance to the IUDs we have today. Talk about intrauterine contraception; use the acronym "IUD", as women can and do understand this. But please do not introduce more misleading terminology such as "Tees" – not even as a tease!

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1 Parker C. What's in a name? [Letter]. *J Fam Plann Reprod Health Care* 2010; **36**: 45.

LETTERS TO THE EDITOR

Letters to the Editor are welcome and generally should not exceed 600 words or cite more than five references. For comments on material published in the most recent issue of the Journal, correspondence should be received within 4 weeks of dispatch of that Journal to be in time for inclusion in the next issue. When submitting letters correspondents should include their job title, a maximum of two qualifications and their address(es). A statement on competing interests should also be submitted for all letters. Letters may be submitted to the Editor or the Journal Editorial Office (details on page 1).