

In this issue

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Redefinition of women's health care

Last year the Royal College of Obstetricians and Gynaecologists published 'High Quality Women's Health Care: a Proposal for Change' that proposed a radical change to the structure of UK women's health services. Andrew Horne and Johannes Bitzer discuss this exciting document from both a UK and a European perspective, commenting on its implications for sexual health provision. *See page 68*

Multidrug-resistant gonorrhoea

Gonorrhoea infection is increasing in the UK with a 3% increase in cases between 2009 and 2010. Last year there was a report of a ceftriaxone-resistant isolate; there is a growing concern that gonorrhoea may become incurable. The commentary by Taylor and Bignell is timely. It reviews the current position and provides clear guidelines on screening and treatment, which may prove challenging for some community services that rely exclusively on the use of nucleic acid amplification tests. *See page 70*

At last, a COC licensed for use in a flexible extended regimen

Data are presented from Phase III studies of a 20 µg ethinylestradiol/3 mg drospirenone combined pill, designed to be used in a flexible regimen. The studies evaluated the efficacy of the regimen, bleeding patterns, safety (ie, metabolic and endometrial parameters) and effect on dysmenorrhoea. Comparisons were with a fixed extended regimen and the conventional 24-day regimen. Results show good efficacy, tolerability and safety with the flexible regimen, and a significant reduction in both bleeding and dysmenorrhoea. *See pages 73, 84, 94*

Does hormone replacement therapy cause breast cancer? Part 4. The Million Women Study

Shapiro *et al.* continue their review of breast cancer and hormone replacement therapy papers, this time focusing on the Million Women Study. They conclude that despite its massive size, this study did not satisfy causal criteria. The

online version of this paper has already been the focus of a great deal of media publicity and both a news piece and an editorial in the *BMJ*. Readers should also look at the Letters section for related correspondence that the Journal has received as a result. *See page 102*

A new aid to diagnosis

Ultrasound imaging has been of value to our specialty for over two decades and skills and equipment have steadily become more available within sexual and reproductive health clinics. In their article on hysterosonography using a local anaesthetic gel, Pillai and Shefras present their experience with a simple and effective new technique that takes imaging a step further, allowing clear diagnosis of intrauterine abnormalities, particularly causes of abnormal bleeding or failed intrauterine device/system (IUD/IUS) insertion, as well as aiding location and easier retrieval of IUDs with missing threads. Many readers will be familiar with the use of lidocaine gel to aid IUD insertion: not surprisingly, uterine instrumentation in conjunction with scanning was reported to be less painful with this technique. This is a promising approach to simplifying and improving the cost-effectiveness of care for women presenting with some complex contraception problems. *See page 110*

Abortion legislation in a changed world

In his latest Legal Opinion article, Sam Rowlands reviews legislation governing early medical abortion (EMA) and the licensing of EMA drugs in the UK and in other jurisdictions. He then looks at the ways in which such legislation has been used – or in some cases circumvented. EMA has helped to fulfil the crucial need for safe abortion worldwide, but in the author's view the laws governing abortion in most countries are out of step with scientific advances. Some readers may find the authors' conclusions and suggestions for future changes to our own abortion laws controversial; they are certainly thought-provoking. *See page 117*

Role of doulas in abortion care

Doulas, or lay support persons, have had a longstanding role in supporting women in labour. Chor *et al.* argue that their role should be extended to caring for women having abortions, where they can help women relax and provide information. They suggest that engagement of the medical community will be instrumental in successfully expanding the role of abortion doula programmes within abortion provision. *See page 123*

Abortion in the classical world

Lesley Smith continues her series on the history of contraception and reproductive health with a look at attitudes to and practices of abortion in ancient times. It appears that even then, abortion was at the heart of much medical ethical debate. *See page 125*

Status of health professionals in the 21st century

Has the status of health professionals in society today fallen? If so, why? And is it a good or a bad thing? The Journal's Consumer Correspondent, Susan Quilliam, explores the issue in her latest article. *See page 127*

Twenty-five years on: HIV remains a concern

In his latest 'Then and Now' article, Lindsay Edouard looks at topics covered by this Journal in 1987. New approaches to contraception were emerging. But was there a threat to community family planning services and would litigation faced by USA manufacturers restrict contraceptive choice? However, the major concern was the emergence of HIV/AIDS, with reinforcement of the advice that barriers should be used in addition to hormonal methods. In 2012, in the light of controversial research suggesting a possible association between hormonal contraception and increased HIV risk in some settings, Edouard draws our attention to the WHO very recent guidance regarding dual protection: 25 years on, advice has not changed. *See page 131*