

In this issue

Romanian women's struggle to manage their fertility

Mihai Horga *et al.* tell the remarkable story of Romanian women's struggle to manage their fertility. The sudden reversal of liberal abortion laws in 1966 led to a doubling of the total fertility rate within a year, and then to a dramatic increase in maternal mortality from unsafe abortion. In 1989, the Ceausescu regime fell and the anti-abortion law was abolished; within a year, the maternal mortality halved. Since then, contraceptive use has increased and there has been a reduction in the abortion rate. As the authors say "Countries which increasingly seek to restrict access to abortion and contraception should look and learn". *See page 2*

Whither abortion policy in Britain?

This commentary discusses the current situation regarding Government policy on abortion in Britain. It begins by setting out the ways in which the policy of the Coalition Government appears to differ from that of the new Labour administration. The article notes that 2012 brought furious debate about abortion services, focusing on counselling, 'sex-selection' abortion, and signing of HSA1 forms, and discusses what has emerged to date from these furores. Finally, thoughts are offered on how to respond to the problems raised by the current approach of policymakers. *See page 5*

SLE in relation to SRH

Systemic lupus erythematosus (SLE) is an autoimmune disease of uncertain aetiology that can affect multiple organ systems. Unfortunately, despite the complications that an unintended pregnancy can cause for a woman with SLE, many women with SLE are not counselled regarding contraceptive use or are counselled against contraceptive use based on concerns that contraceptives will adversely affect their disease. The primary risks from use of hormonal contraceptives in women with SLE involve thrombotic risks. The best available evidence does not, however, indicate a risk of worsening disease activity in women with mild to moderate SLE who use hormonal contraceptives, either combined or progestogen-only, and indeed the benefits of contraception outweigh the risks for most women with SLE. *See page 9*

Low-calorie sweeteners/drinks and preterm delivery

In his commentary, Carlo La Vecchia examines the possible relationship between low-calorie sweeteners/drinks and preterm delivery. He presents a meta-analysis of published data, which shows no difference in the risk estimates

for sugar-sweetened and low-calorie drinks. This should be reassuring for women who consume low-calorie drinks during pregnancy. *See page 12*

Preparing tomorrow's medical educators today

The FSRH Letter of Competence in Medical Education is being replaced by a formal university-accredited Postgraduate Award in Medical Education, the PGA Med Ed. The details are set out in this commentary by Heathcote and Nyholm and will be of interest to those wishing to become Faculty Trainers. *See page 14*

Postnatal contraceptive choices in HIV-positive women

This article describes an exciting example of how an integrated contraception and sexual health service can work to provide holistic care for women. This clinic provides women living with HIV with prenatal, antenatal and postnatal care in a community setting. Uptake of postnatal contraception was high, yet more than 20% of women were not seen postnatally. The authors suggest that the reasons for this are explored to ensure all women with HIV receive contraception in the early postnatal period to prevent unwanted pregnancy. *See page 17*

Chlamydia screening in young people

The major burden of *Chlamydia trachomatis* infection is borne in individuals under 25 years of age. Complications of untreated infection are manifold and encompass pelvic inflammatory disease, sub-fertility, epididymo-orchitis, urethritis, arthritis, conjunctivitis and proctitis. Despite high hopes, uptake of the English National Chlamydia Screening Programme has been lower than expected. As a result, the expected decline in chlamydia prevalence has not been observed. Horner *et al.* have investigated the use of a peer-led approach to increase screening and examine the feasibility and acceptability of this strategy in young people. *See page 21*

Inequity in family planning provision in urban nigeria

In Nigeria, contraceptive use is low. Provision needs to improve, and understanding the roles and perspective of the mixed economy of contraceptive providers is a key step in designing better services. This qualitative study explores the experiences and challenges faced by a range of providers in two urban Nigerian areas. Using structured in-depth interviews and checklists, researchers identified the need for further training and support for all providers to empower

them to provide a wider range of contraception. Vulnerable groups, likely to have high needs for contraceptive advice and provision, were routinely excluded from family planning services. Understanding the underlying reasons for this inequitable provision, and developing appropriate marketing strategies and materials, is key to developing more sensitive service provision. *See page 29*

Disruptive events among women having abortions in the USA

We are all aware that poverty is associated with abortion but how many of us knew that bad (or disruptive) life events also play a major role? Research by Jones *et al.* demonstrated that more than half of the women seeking abortion had experienced a disruptive life event in the preceding 12 months. Women are making decisions about their abortion whilst in the midst of complex life events. The authors' suggestions for changes in policy may not be directly relevant in the UK; however, the study findings are of wider significance. *See page 36*

Impact of freedom on fertility decline

Campbell *et al.* propose that education of women is not the most important factor in reducing family size; access to family planning is critical. Education and wealth can make the adoption of family planning easier, but they are not prerequisites for fertility decline. By contrast, access to family planning itself can accelerate economic development and the spread of education. *See page 44*

Arguments for abortion

This year's Margaret Jackson Prize Essay winner, John Reynolds-Wright, has produced a fascinating and provocative review of the moral and philosophical importance of abortion. The prize, awarded by the FSRH, is open to medical students and is named after one of the British pioneers of family planning. The standard of this year's entries was very high and covered the whole field of sexual and reproductive health care, making the judges' choice a difficult one. We are sure that readers will be stimulated by the positive arguments that the author presents. Letters to the Editor are always welcome and the correspondence may be lively! *See page 51*

Fifty Shades of a phenomenon

Few of us will have failed to notice the erotica phenomenon, *Fifty Shades of Grey*. The Journal's Consumer Correspondent, Susan Quilliam, explains what lies behind the trilogy and reports on worldwide reaction to it. *See page 56*