

In this issue

Tailoring OCPs to meet women's needs

Extended hormonal contraceptive regimens are safe, efficacious and well tolerated by women, yet they are rarely suggested by health care professionals. Tailoring should be an option available to all women, not only to those who ask for it or those with specific medical conditions. In this commentary, Diana Mansour discusses the benefits of tailored pill regimens and considers women's and clinicians' views of their 'pros and cons'. *See page 237*

NICE CG156: relevance to GPs

An updated version of NICE Clinical Guideline 156, *Fertility: Assessment and Treatment for People with Fertility Problems*, was published in February. Scott Wilkes has studied CG156 in detail and here provides a useful summary of its relevance to general practice. This commentary is essential reading for GPs who wish to update their knowledge of infertility assessment and management. *See page 241*

Embracing post-fertilisation methods of contraception

Family planning methods that act when administered after fertilisation would have substantial benefits: they could be used longer after intercourse than current emergency contraceptives and potentially women could use them only on relatively rare occasions if a menstrual period is delayed. Although such methods might not constitute 'abortion' as legally defined, they would probably still displease abortion opponents. However, it is likely that they would be greatly welcomed by large numbers of women worldwide. The authors of this controversial opinion article believe that research into developing post-fertilisation fertility control agents should be actively pursued. *See page 244*

Coping after recurrent miscarriage

Pregnancy loss is a significant trauma for women, the more so if repeated. In their study, Ockhuijsen and her colleagues investigated the ways in which women coped in the time after single and recurrent miscarriages and in the difficult period soon after conception while waiting for ongoing pregnancy to be

confirmed. They found that coping strategies differed between the two groups of women and they investigated the use of a simple psychological support tool that may be of help. *See page 250*

SRH service access by substance-misusing women

This interesting article explores why substance-abusing women have problems accessing SRH services in Hastings, UK. Drug use, low self-esteem and previous traumatic experiences all combine to prevent women accessing help. This is a qualitative interview study and provides important insights into the care of these women; there are no easy answers but the authors provide some suggestions as to how practitioners may make the service more accessible. *See page 258*

Changes in EC method use

This paper reports a notes review of emergency contraception (EC) prescription before and after the release of the Faculty Guidance on *Emergency Contraception* early in 2012. It is interesting that Levonelle® remains a popular choice, possibly because there is less interference with using hormonal methods as a quick start for the remainder of the cycle. One finding of this study, the generally poor uptake of IUDs (4%), is of concern and merits further investigation. *See page 264*

Abortion care services via a community SRH setting

It has been suggested that abortion services in the UK would be better placed in the community SRH setting than in hospitals, since staff working within this area would be better placed to provide for women's ongoing contraceptive needs. This paper reports two questionnaire studies that demonstrated that there is clear support amongst health professionals in community SRH in the UK towards greater participation in the provision of abortion care services, and that the provision of abortion services would be a natural extension to services already offered. *See page 270*

Use of local anaesthesia for IUD insertions

This audit paper on the use of local anaesthesia for IUD insertion by UK

health professionals is critical of current practice: readers are left to draw their own conclusions. It adds to the current debate and is likely to provoke more heated discussion in the letters section of this Journal! *See page 276*

What exactly are Fisher Exact tests?

Five years ago the Journal launched a series of occasional short statistics 'CPD' articles, Noteworthy Statistics (NS). Each NS article is linked to some statistical method applied in a research paper published in the same journal issue, and aims to provide additional background and explanation about that method. In this issue, Pam Warner addresses Fisher Exact tests. Do you know what is special about these tests and why you might find them in research reports more often these days? *See page 281*

A service-based approach to nurse training in SRH

The Faculty have recently announced funding to develop a nurses' training programme in SRH and LARC. Although this article was written prior to this decision, it has valuable comments and ideas about how to train nurses within an SRH clinic to achieve dual competency within 6 months. *See page 285*

Lessons from a Royal birth?

The arrival of a new British Prince was a cause for global festivities. The Journal's Consumer Correspondent joins in the celebration but argues that the event was a missed opportunity. *See page 295*

SRH over the last 25 years

Continuing his series on the contents of this Journal 25 years ago as well as current developments on the world stage, Lindsay Edouard takes us back to the growth of concerns about HIV prevention and forward to recent thinking by the United Nations on the follow-up to the Millennium Development Goals. On the way, we voyage past changing attitudes to sexual health and fertility control, the inception of the Faculty and the new Pope's first encyclical. *See page 297*