In this issue

Unified training for LARC provision

The FSRH has introduced sweeping changes to unify the training and certification of doctors and nurses and to encourage larger numbers to gain Faculty qualifications for the provision of long-acting reversible contraceptive methods. Amanda Britton and Anne Connolly review the origins of the new arrangements, detail their implementation and set out the benefits for training, assessment and practice that they will bring both for nurses and for doctors. *See page 80*

"I want to get married and have kids"

In their insightful and humane paper, Box and Shawe report on the experience of adults with learning disabilities who attended a sexuality and relationship group. Such groups can offer participants a beneficial and positive experience and help them explore issues that are often ignored. They conclude that participants' experiences could be enhanced through adopting a person-centred approach but that it also needs to be recognised that participants have individual experiences that may not be shared within the group environment. *See page 82*

Contraceptive choices: a tool for clients and providers

In this issue we present two reports on very different aids to family planning education. In the first paper colleagues from Iran and Australia report on the use of an adapted WHO Decision-Making Tool, a colourful flipchart for simultaneous use by clients and providers. It improved decision-making, permitted informed choice and increased client satisfaction with services. *See page 89*

Contraceptive choices: decision-making made easy

Our second report on aids to family planning education is from the UK. Health care professionals need to elicit relevant information efficiently in order to help match contraceptive options to individual patients. But extensive discussion of all the available contraceptive options can leave clients feeling overwhelmed and confused – 'information overload'. French *et al*. report on the web-based *My Contraception Tool*, which takes the user through the decision-making process, weighing the importance of practicalities and side effects of each method against efficacy and acceptability. With its user-friendliness and its potential to improve contraceptive uptake and continuation, this is a powerful new resource. *See page 96*

Use of emergency contraceptive pills by female sex workers

Female sex workers (FSW) the world over often have unprotected sex. And even if condoms are used, breakage or slippage appear to be common occurrences. Emergency contraceptive pills (ECP) are an important back-up method to prevent unwanted pregnancy for these women. Yam *et al*. investigated the association between individual characteristics and ever having used ECP by surveying FSWs in Swaziland, where HIV is endemic. They conclude that by better addressing these women's overall family planning needs, the dual goals of preventing unwanted pregnancy and preventing vertical transmission of HIV could be achieved. *See page 102*

The low-lying IUD or IUS: what do you do?

What happens when an ultrasound scan unexpectedly picks up a low-lying or malpositioned IUD or IUS? In their two linked articles, Golightly and Gebbie present the results of a survey on clinicians' views on this topic, and a systematic review of the rather limited literature that is available. The survey demonstrated that there was no clinical consensus on management, although respondents were more concerned about failure of low-lying IUDs than of the IUS. The literature review revealed little published evidence on the clinical relevance of low-lying IUDs. The authors recommend that management of such cases should be individualised, but advise particular caution in younger women and in those with a history of previous IUD/IUS expulsion. *See pages 108 and 113*

IUD insertion analysed

This detailed retrospective Canadian review of over 350 IUD insertions confirms that, overall, the procedure carries little risk of problems or complications. What was surprising, though, was that patients who received local anaesthesia by intracervical injection reported more pain than those who had no anaesthesia. Admittedly, the pain scores for both groups were remarkably low and there could have been several confounding factors, but the findings give yet more food for thought when deciding on the best management for our own patients. *See page 117*

Checking IUD/IUS threads

It is standard advice that women should check their IUD/IUS threads regularly. But how many IUD/IUS users actually do so? After reading Davies and Fleming's article, readers may wonder whether they have been wasting their time and even worrying their patients. This timely study assesses the value of a common practice. *See page 122*

Removing problem implants

Pillai *et al*. report on the management of women referred to their specialist service for removal of non-palpable contraceptive implants or of other implants considered unsuitable for routine removal. Their rapid, effective and easily learned technique uses ultrasound localisation with accurate skin marking, avoidance of changes of arm position, a very small incision and ring forceps for the removal itself. Not all cases are straightforward and the authors strongly support the provision of regional centres like theirs for dealing with such 'problem' implants. They conclude by proposing a set of standards for the organisation of those centres that could provide a useful basis for their clinical governance. *See page 126*

Evolution of extended COC use

This comprehensive review reminds us that it has taken nearly 50 years for it to be accepted that there is no scientific rationale to support monthly scheduled withdrawal bleeds from contraceptive hormones. Extended use of the combined pill not only liberates women from those unnecessary bleeds, but improves efficacy and encourages better compliance. A growing base of evidence points to the efficiency and safety of this approach, which might well become the norm in years to come. *See page 133*

Endometriosis: the bloggers' tales

Endometriosis is sometimes called "the invisible illness". Our Consumer Correspondent wondered where to get a comprehensive overview of sufferers' experience – and then remembered 'blogging'… *See page 142*

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Notes