



### Offering self- or clinician-taken non-speculum sampling for cervical screening improves uptake among lapsed attenders aged 50+ years

Cervical screening improves early detection and prevention of cancer. Vaginal speculum examination can be a barrier for patients either due to embarrassment or pain. This pragmatic multisite, randomised, controlled trial (RCT) among general practitioner (GP) practices in London, UK offered just under 800 women aged between 50 and 64 years, who had defaulted on cervical screening, the option of a self-taken or clinician-taken swab for high-risk human papillomavirus (hrHPV) testing compared with standard cervical cytology. At both 4 and 12 months following enrolment, significantly higher proportions of women (more than double) had engaged in screening in the intervention arm compared with the control arm. Of those screened using non-speculum methods, low numbers were hrHPV-positive and were linked to further care. This intervention clearly improves uptake, and in the era of COVID-19 where there is greater community familiarity with self-testing this is likely to be a valuable clinical intervention.

*Br J Gen Pract* 2022; <https://doi.org/10.3399/BJGP.2021.0350>

### COCP use appears to reduce dysglycaemia in women with PCOS

In women with polycystic ovary syndrome (PCOS) increased androgen levels are drivers of increased metabolic risk. Combined oral contraceptive pills (COCP) reduce biologically active androgen levels. This retrospective population-based cohort study using a large (3.7 million patients) primary care database in the UK found that women with PCOS were at increased risk of dysglycaemia compared with women without PCOS, but that for those using COCP this risk was reduced. This study indicates a potential benefit of COCP for women with PCOS but further prospective study is required to determine causation.

*Diabetes Care* 2021; <https://doi.org/10.2337/dc21-0437>

### Mifepristone pretreatment significantly improves success of medical management of miscarriage

Miscarriage is common pregnancy outcome. Frequently women use medical methods to

expedite completion of miscarriage. Typically in the UK, and in many other settings, misoprostol is used alone to expel the pregnancy; however, this randomised, double-blind, placebo-controlled, multicentre study compared misoprostol alone or in combination with mifepristone. The study found that mifepristone pretreatment improved success rates of medical management of miscarriage to 83% compared with 76% of women receiving misoprostol alone. This intervention appears to be more cost effective and results in fewer hospital attendances for women and faster resolution of the miscarriage.

*Health Technol Assess* 2021; <https://doi.org/10.3310/hta25680>

### Insufficient evidence to support nifedipine for treatment of dysmenorrhoea

Dysmenorrhoea, or painful periods, is a common phenomenon impacting on the well-being of many women. 'Primary' dysmenorrhoea is recurrent pain in the presence of a structurally normal uterus. Pain is related to contraction of the myometrium during menses and so drugs that affect uterine contractility, such as nifedipine, may reduce menstrual pain. This Cochrane systematic review examined RCTs comparing nifedipine with placebo for the treatment of women with primary dysmenorrhoea. Only three studies were detected with very-low-quality evidence. As such, the authors were unable to conclude whether there was evidence to support use of nifedipine as a treatment for dysmenorrhoea, rather calling for larger, better-designed trials as the drug is safe, inexpensive and non-hormonal.

*Cochrane Database Syst Rev* 2021; <https://doi.org/10.1002/14651858.CD012912.pub2>

### Women's use of hormonal contraception is not associated with CNS tumours in their children

Central nervous system (CNS) tumours appear to be increasing in incidence; however, there are few risk factors identified. A large, retrospective, cohort study conducted using a Danish population registry between 1996 and 2014 compared women using hormonal contraception ever in the past, in the 3 months prior to, or during pregnancy, with never-users of contraception. All hormonal methods were

included. There was no statistically significant difference identified between the rates of CNS tumours among the children of these groups of women. While this does not show causation, this study is reassuring that hormonal contraception use is safe for women and their future children.

*JAMA* 2022; <https://doi.org/10.1001/jama.2021.22482>

### Novel 'erectogenic' condom improves sexual enjoyment for heterosexual couples compared with standard condoms

Condoms are cheap methods of user-initiated contraception and sexually transmitted infection (STI) prevention that when used correctly can be effective. However, condoms are frequently criticised for reducing sensation during sex and can cause condom-associated erectile dysfunction. This RCT enrolled heterosexual couples to use novel erectogenic condoms, which contained a gel designed to give firmer, longer-lasting erections, or standard condoms for 6 months and collected sexual function and enjoyment data from both partners. All measures of sexual enjoyment and experience were higher in the group using the novel condom and users reported higher rates of sexual pleasure and condom acceptability.

*J Sex Res* 2022; <https://doi.org/10.1080/00224499.2021.2024790>

### VEMA appears to be safe and effective

Very early medical abortion (VEMA) is the provision of medical abortion care prior to the visualisation of the definitive features of an intrauterine pregnancy, that is, yolk sac or fetal pole. This practice usually involves providing treatment with quantitative serum human chorionic gonadotropin (hCG) monitoring before and after abortion. This retrospective cohort study examined a VEMA protocol used at two European sites and found a high rate of abortion success (97.6%) and that the protocol was able to detect early asymptomatic ectopic pregnancies. This study also gives an indication of the expected reduction in serum hCG levels between baseline and follow-up at 7 days of 93%. This can help guide clinicians considering implementing a VEMA protocol in their local clinics.

*Eur J Contracept Reprod Health* 2022; <https://doi.org/10.1080/13625187.2022.2025587>