In this issue

One hundred professors: politics versus progress

Forty years ago, 100 American professors of obstetrics published a statement setting out the benefits that they believed legalised abortion could deliver for their nation and for its women. In 2013, 100 of their successors published a new statement surveying the current abortion situation in the USA and concluded that progress, and ultimately women's health, had been seriously impeded by political resistance. In her Commentary, Ann Furedi reviews the two American statements and argues passionately that British doctors face similar politically motivated threats to safe and supportive medical practice, reminding us that we cannot be complacent in maintaining and improving our provision of care for women with unwanted pregnancies. *See page 5*

When sex hurts

Endometriosis affects up to 1 in 10 women. Although it is well known that endometriosis is associated with pelvic pain, the sexual problems from which women with endometriosis often suffer due to associated dyspareunia are not always acknowledged. Lone Hummelshoj, Secretary General of the World Endometriosis Society, and her three colleagues discuss the impact of endometriosis-associated dyspareunia on women and their partners and the need for specialist multidisciplinary care to manage this distressing symptom. *See page 8*

Delivering equivalence: journey to Specialist Registration

Achieving recognition as a specialty has been no mean feat for the Faculty but there are a large number of highly skilled and experienced doctors who have worked at consultant level for many years and who are neither formally recognised, nor employed, as consultants. To achieve this status they must apply for a Certificate of Eligibility for Specialist Registration, submitting proof of equivalent training, qualifications and experience to those awarded a Certificate of Completion of Training. Collecting all the evidence can be an arduous task and an emotional rollercoaster ride. Jane Dickson's account of her personal journey includes plenty of tips to help smooth the path of those who follow in her tracks. *See page 11*

HPV vaccination uptake factors

While around 80% of 12–13-year old girls in England take up the offer of human papillomavirus (HPV) vaccination at school, a far lower proportion of 17–18-year-olds in the 'catch-up' programme between 2008 and 2011 did so. Bowyer *et al*. conducted a prospective survey among girls attending further education colleges during that period to assess the demographic and psychological factors that may have influenced their decisions. Non-white ethnicity was the major factor predicting low uptake of the vaccine. The 'catch-up' phase of the HPV vaccination programme is now over and parents' attitudes undoubtedly influence uptake of the vaccine by 12–13-year-olds. These findings highlight the need for appropriate provision of information on the benefits of HPV vaccination for all ethnic groups. *See page 14*

Scottish LARCs sing loudly

In their study of the provision of hormonal and long-acting reversible contraception (LARC) between 2004 and 2009 by a large sample of Scottish GP practices, Reddy *et al*. found that LARC provision increased by over 40% for women who were registered with the same practice for the whole period and that provision of emergency hormonal contraception halved. It is tempting to consider that these two findings might be related; if so, the Scots are clearly moving towards a desirable balance in their contraceptive services and there is plenty for the rest of us to learn from them. *See page 23*

"... so when she stopped, she became very slim like a pen"

Contraceptive use in Ghana is challenging. This interesting study on modern contraceptive use in Ghana highlights the reasons for low contraceptive uptake in West African countries, and provides a very elegant account of the misattribution and misperception of symptoms and health beliefs related to modern contraceptive use. The challenge for modern medicine is how to increase education to dispel some of those widely held beliefs and myths. *See page 30*

Improving IUD uptake after TOP

This study of women presenting for termination of pregnancy (TOP) shows that many lack knowledge about the intrauterine device (IUD). The pre-TOP consultation provides a time to discuss contraception; increased IUD usage post-TOP would prevent many further unwanted pregnancies. *See page 36*

Improving copper IUD uptake for EC by educating pharmacists

We are all aware that IUDs are underutilised for emergency contraception (EC), despite this being the most effective method. This article describes how educating pharmacists increased the acceptance of the emergency IUD nearly three-fold. A most interesting and well-conducted audit. *See page 41*

Is IUS provision really so expensive?

This study presents an analysis of the cost of providing the intrauterine system (IUS) for contraception to women in a community sexual health clinic setting. The authors conclude that the IUS is a relatively cheap form of contraception compared with the combined oral contraceptive pill, and make the case for not limiting access to the IUS in community sexual health services on financial grounds. *See page 46*

Reducing IUD/IUS insertion pain

In this review article, five highly experienced colleagues from Europe and the Americas report on their workshop at which they produced consensus recommendations on measures that intrauterine contraception providers could use to alleviate insertion pain. Their advice is a helpful mixture of evidence-based interventions, where evidence exists, and practical experience, covering both routine and potentially difficult insertions. *See page 54*

The pharmacist's role in SRH

The role of the pharmacist in sexual and reproductive healthcare is expanding. But what problems and opportunities does that expansion bring with it? Our Consumer Correspondent investigates. *See page 66*