Teenage Pregnancy Strategy
The Independent Advisory Group on Teenage Pregnancy was established in 2000 to provide advice to the Government and monitor the success of the Teenage Pregnancy Strategy. Their second annual report, published in July 2003, suggests that the Teenage Pregnancy Strategy is working and young people are becoming more confident about using sexual health services. The latest figures showed a 10% reduction in the rate of teenage conceptions amongst the under-18s, and an 11% fall in the under-16 age group since 1998. The group made eight key recommendations to Government, including asking for the national information campaign to be intensified to target specific groups, such as boys and young men, who are disadvantaged or hard to reach. They also suggested a new campaign to ensure that professionals and under-16s know they have the same rights as adults to confidentiality when they seek advice and information on contraception, and relationships. The full report is available from the National Children’s Bureau, 8 Wakley Street, London EC1V 7QE, UK and www.nchb.org.uk.

Updated Cochrane Reviews

New Chair for IWHC
The International Women’s Health Coalition (IWHC) has elected a new chair, Kati Marton, who is a journalist and vociferous human right’s activist. Other members of the board come from Argentina, Colombia, England, The Netherlands, India and the USA. Founded in 1984, IWHC works to promote women’s health, human rights and programmes and funds projects to protect the rights and health of girls and women worldwide, especially in Africa, Asia and Latin America. More information about the work of the coalition can be obtained on their website at www.iwhc.org.

New leaflets
Brook have launched some new leaflets for 14–16-year-olds entitled: ‘But that’s doubtful Dutch’, ‘Play safe on holiday’ and ‘The cool lover’s guide to condom use’. The leaflets are available from Brook, telephone +44 202 7284 6040. A guide to the full range of leaflets and other publications from Brook is available on their website at www.brook.org.uk.

‘Wyeth has sponsored a leaflet called ‘Hysterectomy and oophorectomy’. It is written in clear English with good illustrations and will go a long way towards meeting the needs of women for information before and after this operation. This non-promotional leaflet is available from Wyeth Laboratories on request, telephone +44 1628 604377.”

Sexual health on holiday
Marc Stopes International have released a new edition of their successful ‘Passport to Health’, a booklet full of advice about how to maintain or rescue your sexual health while on holiday. It includes a guide to obtaining the contraceptive supplies while abroad. A copy is available free by sending a A5 stamped addressed envelope to ‘Passport’, Marie Stopes International, 143-151 Kentish Town Road, London NW1 6QW, UK or it can be downloaded from www.mariestopes.org.uk.

Condom advertisement withdrawn
The advertisement for the condom Durex Perform® has been withdrawn, following three complaints to the Advertising Standards Authority. The advertisement was for billboards that people cannot avoid seeing and reading. The message that longer-lasting sex could be better as well as safer with a condom obviously offended some people. It is often difficult to draw the line between sexual suggestiveness and the promotion of sexual health. Public advertisements about condoms have to be subtle and tasteful because they concern an area of life that is usually private – and about which people have strong feelings.


Both these studies investigated the prevalence of Chlamydia trachomatis infection in women. The first study from Scotland tested 837 women requesting emergency contraception (EC). They found that the women aged 20 and 30 years had a significantly higher rate of positive tests for chlamydia than the same age group of general family planning attendees. At 5.3% the prevalence rate was above the level of 3% recommended for cost-effective screening. The second study tested 787 women attending their general practitioners in Belgium. Overall the prevalence rate of chlamydia detected in the population was 4.96% and in a univariate analysis chlamydia infection was strongly associated with attendance for EC. The rate in EC users was 9.2%. The prevalence in the women aged 25–29 years was at 13.7%.

Current advice is to select those under the age of 25 years for chlamydia testing. The comments are reassuring. The articles include criteria for advising chlamydia testing should include those older than 25 years requesting EC. Pharmacists offering advice on EC should include the risk of chlamydial infection and where the test can be obtained. These studies reinforce the conclusion from other studies that it is the sexual lifestyle of the individual, rather than the age group to which they belong, that is important.

Reviewed by Judy Murty, SRCOG, MFFP, SCMO, Contraception and Sexual Health Services, Leeds, UK.


The 72-hour cut-off for the use of hormonal emergency contraception (EC) is neither evidence-based nor biologically plausible. Although effectiveness has been shown to decline with time since unprotected sexual intercourse, it would seem unlikely that it falls to zero at 72 hours exactly. Indeed, the levonorgestrel-only regimen and mifepristone are 100% effective at 72 hours exactly. Furthermore, the multicentre trial was performed in several clinics in the USA and UK. One hundred and sixteen women who had refused postcoital contraception before 72 hours.

The multicentre trial was performed in several clinics in the USA and UK. One hundred and sixteen women who had refused postcoital copper intrauterine device (IUD) insertion were assigned to the ‘Days 4–5’ group, and 699 women (3.6%, 95% CI 0.9–9.0) in the Days 4–5 group and 17 pregnancies in 675 women (2.5%, CI 1.5–4.0) in the control group. The failure rates during early use were 1.9% (CI 0.2–6.8) and 2.0% (CI 1.1–3.5) in the Days 4–5 and the control group, respectively. Extending the time limit for starting the Yuzpe regimen of emergency contraception to 72 hours after unprotected intercourse with women who started their next menses. A total of 4.3% of the women (3.6%, 95% CI 0.9–9.0) in the Days 4–5 group and 3.0% of the women (3.6%, 95% CI 0.9–9.0) in the control group were lost to follow-up. The typical use failure rates were four pregnancies in 111 women (3.6%, 95% CI 0.9–9.0) in the Days 4–5 group and 17 pregnancies in 675 women (2.5%, CI 1.5–4.0) in the control group. The failure rates during perfect use were 1.9% (CI 0.2–6.8) and 2.0% (CI 1.1–3.5) in the Days 4–5 and the control group, respectively. Extending the time limit for starting the Yuzpe regimen of emergency contraception to 72 hours after unprotected intercourse with women who started their next menses. A total of 4.3% of the women (3.6%, 95% CI 0.9–9.0) in the Days 4–5 group and 3.0% of the women (3.6%, 95% CI 0.9–9.0) in the control group were lost to follow-up. The typical use failure rates were four pregnancies in 111

Reference

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J Fam Plann Reprod Health Care: first published as 10.1783/147118903101197962 on 1 October 2003. Downloaded from http://jfprhc.bmj.com/ on September 15, 2023 by guest. Protected by copyright.