Implanon audit
Madam
The short communication by Usha Kumar and colleagues is a reminder of the difficulty of changing contraceptive practice in women after a termination of pregnancy (TOP). In Portsmouth we have provision of contraception fully integrated into the TOP service. Despite this there have been large numbers of women presenting for TOP with a history of at least one TOP in the past. Audit in 1994–1995 showed that 27% of women TOP with a history of at least one TOP in the past were integrated into the TOP service. Despite this there have been large numbers of women presenting for TOP with a history of at least one TOP in the past.

Implanon® is a very effective contraceptive method requiring little user compliance. This makes it potentially a good method for women who have lived at least one failure of contraception or incorrect or inadequate use of contraception. In Portsmouth we have been offering Implanon fitting at the time of TOP since April 2002. There were reservations that fitting at this time might result in a high level of early removal and consequent waste of resources. The pre-fitting counselling is important to ensure that the side effects associated with the settling down period are tolerated. It was decided that counselling would take place at a separate appointment from the unplanned pregnancy clinic and, if possible, be done by a different clinician. The counselling session as recommended by the manufacturer was done prior to the specific form.

We have undertaken an audit of removals of those fittings and a randomly selected similar number of fittings at times other than TOP. Of 38 Implanon fitted at TOP from April 2002 to February 2003, four were removed in the first 6 months (at 4, 5, 11 and 23 weeks) Of 38 fitted in the usual fitting clinics, two were removed in the first 6 months (at 6 and 19 weeks). The continuation rate of 89% if fitted at TOP and 95% if fitted at times other than TOP. The figures, although small, compare well with an audit of continuation rate at 6 months in community clinics (88%).

We feel that these data provide some reassurance that fitting of Implanon at TOP is an effective use of resources in providing accessible and reliable contraception for those most in need of it.

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References

NEWS ROUNDUP

Locally enhanced services for contraceptive implants
High-quality information and advice influence the continuation rate of long-acting methods of contraception. The competence of the provider is the most important factor affecting the incidence of problems of any contraceptive device.

As part of the new contract in primary care, primary care organisations (PCOs) will be deciding on bids for the insertion and removal of contraceptive implants provided as a locally enhanced service. The Faculty of Family Planning and Reproductive Health Care (FPFPRHC) has drawn up recommendations for the provision of this service and will circulate this to PCOs. The locally enhanced service would include the fitting, monitoring and checking of contraceptive implants. The service offered would also include safeguards about good contraceptive practice, e.g. taking a sexual history, the Faculty, of Family Planning and Reproductive Health Care (FPFPRHC) has drawn up recommendations for the provision of this service and will circulate this to PCOs. The locally enhanced service would include the fitting, monitoring and checking of contraceptive implants. The service offered would also include safeguards about good contraceptive practice, e.g. taking a sexual history.

Adolescent-friendly health services: an agenda for change
The World Health Organization published this document in 2003. It contains many ideas on how to plan for the development of adolescent-friendly services and includes examples from both developed and undeveloped countries.

It highlights the important role that adolescents themselves can play, together with non-governmental and governmental organisations and individuals, to improve their health and well-being. It makes a compelling case for concerted action to improve the quality – and especially the friendliness – of health services to adolescents.

The 48-page document is free of charge and can be ordered from: Department of Child and Adolescent Health and Development, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland or downloaded as a pdf document from: http://www.who.int/reproductive-health/publications/.

Chlamydia screening programme extension
An extra £4 million, covering 50 primary care trusts (PCTs), is being invested to roll-out chlamydia screening programmes. It will mean that one-quarter of all PCTs will be providing screening to at-risk groups.

The chlamydia screening programme will primarily target women aged under 25 years who access sexual health services, however a greater uptake of testing among men will also be promoted.

A review of how genitourinary medicine (GUM) clinics are modernising will also take place. Since 2002, £35 million has been invested in GUM clinics in order to help them modernise and reduce waiting times.

Further information is available at http://www.doh.gsi.gov.uk/sexualhealthandvhd/.

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