Letters

Service standards for sexual health

Madam

We fail to understand why Dr Stephen Searle1 feels that implementing the policy had a significant detrimental effect on clinic times or workload. Following a review of practical procedures, e.g. fitting an intrauterine device (IUD), may be more time consuming but it is important to have an appropriately trained member of staff to ensure continuity of good clinical care and risk management. Perhaps the devil is in the detail. It is up to us as clinicians to decide what is important, not just for medico-legal reasons, but for ensuring continuity of good clinical care and risk management. May the devil be in the detail.

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References


IUD insertion following medical TOP

Madam

We found the FPFRHC Guidance on 'The copper intrauterine device as long-term contraception'1 most informative but were surprised by the lack of data relating to intrauterine device (IUD) insertion following medical termination of pregnancy (TOP) (Section 26). The insertion of intrauterine contraception such as oral contraceptives or Depo-Provera® is commenced immediately by the nursing staff. Women are then reviewed in a weekly specialist family planning clinic approximately 7–10 days after their termination procedure. This review ensures that the termination is complete and allows the patient’s physical and emotional status to be assessed. IUDs or implants are inserted at this visit. Occasionally at this appointment bleeding is still continuing and further misoprostol is required to expel all products of conception. Another appointment is then made 1 week later for the IUD fitting. Since January 2000, 55 copper IUDs have been inserted between 4 and 30 (average, 11) days following medical TOP. The majority were GyneFix® IUDs in 2000 and two Flexi-T300® IUDs in 2003. The two women whose copper IUDs were fitted at 29 and 30 days post-TOP had had continued problems with bleeding and required further doses of misoprostol. Thirty Minefera® intrauterine systems (IUS) were also inserted 6–16 (average, 10) days following medical TOP. There have been no difficulties or immediate complications with insertions using this policy. In 2001, a Minefera IUS was partially expelled 20 days after insertion and a new IUS was refitted without incident. Two women have conceived with copper IUDs in situ for 4 and 6 months after insertion. The first-trimester post-abortal uterus does not appear to behave like a postpartum uterus. In practice many women would not wish to be examined within the first 48 hours when the bleeding should be heavier and in some women the uterus may not be completely empty. Waiting for 4 weeks (presumably until after the next menses) requires women to arrange a further appointment that they may have difficulty keeping and also denies them efficient contraception for the first month after TOP.

We suggest that a review appointment, usually at 7–10 days post-medical TOP, allows safe insertion of both copper IUDs and Minefera IUS and should be promoted.

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References


Reply

Madam

The FPFRHC Clinical Effectiveness Unit (CEU) provides evidence-based Guidance documents on a range of contraceptive and reproductive health topics. The recent Guidance document ‘The intrauterine device as long-term contraception’ was developed using best available evidence from a systematic literature review and collective knowledge of the multidisciplinary expert group and subsequent peer review. Despite a large number of medical abortions performed each year in England, Wales and Scotland, there is a lack of published evidence on the timing of intrauterine contraceptive insertion following medical abortion.

The insertion of intrauterine contraception immediately following abortion clearly has disadvantages. The insertion of intrauterine contraception at the time of surgical abortion is practical and safe.7 The World Health Organization (WHO) Mother’s Health Initiative ‘Criteria for Contraceptive Use (WHOMEC)’ recommends that intrauterine contraception can be inserted immediately following induced or spontaneous first-trimester abortion (WHO 1: unrestricted use). Although the risk of expulsion of an intrauterine device (IUD) following second-trimester abortion is increased,2 WHO recommends 6–12 weeks following abortion for the insertion of IUDs. Although WHOMEC does not provide recommendations regarding insertion of intrauterine contraception in the weeks following abortion, evidence from case-control studies showed low perforation rates with insertion within 30 days of abortion.

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