

ARTICLE/BOOK REVIEWS

The present study included women who had very recently undergone a TOP and the question was therefore more concrete. It is also possible that the more positive reaction in the present study was coloured by the general satisfaction women felt with the service they received, and relief that the TOP had been performed.

A high level of satisfaction with the service was evident, with many women choosing to comment on this. Whilst it is common practice for questionnaires to incorporate a 'catch-all' question, it is unusual for such a high proportion of respondents to provide feedback. Whilst there were some negative comments, the majority were positive, particularly regarding the care the women received from the clinic staff. It is possible that some women anticipated a negative reaction from the clinic staff, especially if they faced an unsympathetic or unco-operative health professional in the first instance. Other studies^{5,14,19} have similarly reported that young women found staff at the TOP clinic to be very supportive.

Conclusions

To conclude, the present study showed that referral to a TOP clinic in a minority of cases took longer than recommended by the RCOG guidelines.² A few health professionals acted as 'gatekeepers': some women were not referred on anywhere, whilst others came up against GPs whom, they felt, acted in a judgmental way. Despite these individual cases, the majority of women were satisfied with the referral process, particularly with the care they received from clinic staff. Further research is recommended to consider the referral process for those aged under 16 years, those who attend a non-NHS abortion clinic, and to examine the current referral times across other PCTs in the UK.

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Statements on funding and competing interests

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Competing interests. None identified.

Book Reviews

Erectile Dysfunction: Current Investigation and Management (2nd edn). I Eardley and K Sethia. London, UK: Elsevier Limited, 2003. ISBN: 0 7234 3365 8. Price: £46.99. Pages: 152 (paperback)

The second edition of this book has been retitled *Erectile Dysfunction: Current Investigations and Management*, whereas the first edition was *Erectile Dysfunction: A Guide to Management in Primary Care*. This is a pity, as the management of erectile dysfunction has become much more a primary care issue in the intervening 6 years.

The illustrations remain excellent and the new edition is larger with major editions in the investigations and oral therapies section. Much more is included on colour duplex ultrasonography and cavernosography, with the same conclusion that such tests are almost exclusively research tools.

The section on new oral therapies is excellent, although unavoidably a little out of date in such a rapidly expanding area. Current issues on daily dosing and treating with testosterone to salvage failures in cases of borderline hypogonadism could have been included. A few case histories illustrating management problems would have been relevant for general practitioners.

The section on cardiovascular risk factors and associations is by no means as comprehensive as it might be, probably reflecting the urological background of the authors. Despite these criticisms, this edition is an excellent attempt to update a subject of considerable development in the last 6 years.

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Drugs for Pregnant and Lactating Women. CP Weiner and C Buhimschi. Philadelphia, PA: Churchill Livingstone, 2004. ISBN: 0 443 06607 8. Price: £62.99. Pages: 1049 (hardback)

This is a fantastic reference for any practitioner attempting to advise pregnant and breastfeeding women about the safety of medicines. Understandably, there is a scarcity of hard data in this area. Manufacturers often take the easy route of advising against use of a product in pregnant or lactating women. Yet we all know that in the real world, women may use a medicine before realising they are pregnant. In other situations, women (and their babies) can suffer adverse consequences from discontinuing a necessary medication; we need to help women balance the possible risks against the benefits of a given medication in these situations.

References

- 1 Birth Control Trust. *Abortion Provision in Britain. How Services Are Provided and How They Could Be Improved*. London, UK: Birth Control Trust, 1997.
- 2 Royal College of Obstetricians and Gynaecologists (RCOG). *National Evidence-Based Guidelines. The Care of Women Requesting Induced Abortion*. London, UK: RCOG Press, 2004.
- 3 Wells N. Pain and distress during abortion. *Health Care Women Int* 1991; **12**: 293–302.
- 4 Henshaw R, Naji S, Russell I, Templeton A. Psychological responses following medical abortion (using mifepristone and gemeprost) and surgical aspiration: a patient-centred, partially randomised prospective study. *Acta Obstet Gynecol Scand* 1994; **73**: 812–818.
- 5 Slade P, Heke S, Fletcher J, Stewart P. Termination of pregnancy: patients' perceptions of care. *J Fam Plann Reprod Health Care* 2001; **27**: 72–77.
- 6 Bradshaw Z, Slade P. The effects of induced abortion on emotional experiences and relationships: a critical review of the literature. *Clin Psychol Rev* 2003; **23**: 929–958.
- 7 General Medical Council (GMC). *Maintaining Good Medical Practice*. London, UK: GMC, 1998.
- 8 Cook PA, Cosgrove P, Robin A, Syed Q, Leighton D. *Review of Sexual Health Services in the North West*. Liverpool, UK: Centre for Public Health, Liverpool John Moores University, 2003. <http://www.nwpho.org.uk/reports/nwsexhealthreview.pdf> [Accessed 9 February 2005].
- 9 Olukoya AA, Kaya A, Ferguson BJ, AbouZahr C. Unsafe abortion in adolescents. *Int Gynaecol Obstet* 2001; **75**: 137–147.
- 10 Voice for Choice. *The Quest for Abortion: New Research About Obstacles, Delays and Negative Attitudes*. London, UK: Voice for Choice, December 1999.
- 11 Marie Stopes International. *General Practitioners: Attitudes to Abortion*. London, UK: Marie Stopes International, June 1999.
- 12 Francome C, Freeman E. British general practitioners' attitudes toward abortion. *Fam Plann Perspect* 2001; **32**: 189–191.
- 13 Abortion Law Reform Association. 2004. <http://www.alra.org.uk/whychan.html> [Accessed 16 May 2003].
- 14 Harden A, Ogden J. Young women's experiences of arranging and having abortions. *Sociol Health Illn* 1991; **21**: 426–444.
- 15 Kumar U, Baraitser P, Morton S, Massil H. Decision making and referral prior to abortion: a qualitative study of women's experiences. *J Fam Plann Reprod Health Care* 2004; **30**: 51–54.
- 16 Morrison J. Audit of the care of women requesting induced abortion. *J Obstet Gynaecol* 2003; **23**: 521–524.
- 17 Lowy A, Ojo R, Stegman A, Vellacott I. Meeting women's need for a flexible abortion service: retrospective study of a specialist day-care unit. *J Public Health* 1998; **20**: 449–454.
- 18 Marie Stopes International. *Women's Perceptions of Abortion Law and Practice in Britain*. London, UK: Marie Stopes International, 2002.
- 19 Maata ME, Prasaeman C, Smith J, Neale EJ. Women's satisfaction with medical termination. *Br J Fam Plann* 1999; **25**: 9–11.

This text summarises and references the available data for over 700 drugs. The tables are easily accessed under generic or trade names and are succinct and easy to use. Where a safer alternative exists, this is recommended. Otherwise the practitioner is simply given the best available evidence to allow a useful discussion of the risks and benefits of a given drug for a particular woman. The text also covers changes in maternal physiology that may necessitate closer monitoring or dosing changes during pregnancy for women requiring long-term drug maintenance such as those using anti-epileptic drugs.

The weighty hardback book is complemented by a CD-ROM for easier reference. This will be updated regularly by downloads from the Internet, incorporating new evidence or guidance.

Although written for a North American audience, this book is surprisingly easy to use and highly relevant to practice in other developed countries. The vast majority of drugs can be found under familiar generic or trade names. The accent on information rather than guidance gives it a broad relevance beyond the USA.

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