unsafe abortion, improved and expanded family planning services must be given the highest priority. Twelve years after the Cairo conference, the contraceptive prevalence in Nigeria is 7.3. This is worse for adolescents and unmarried women who are frequently excluded from contraceptive services. In many developing countries, lack of information on sexuality and condoms, the adolescent population has often translated into a high prevalence of unwanted pregnancy. Thus, there is great need for the establishment of accessible and acceptable family planning services, different from a hospital setting, where these vulnerable groups can go for care. Such centres should be equipped to offer services on family planning counselling and information, education on reproductive physiology and overall safer sex, and should be able to provide post-abortion care services. Also, regulations, policies and laws that restrict adolescents’ access to such services should be revised.

In conclusion, the contribution of unsafe abortion to maternal mortality will be drastically reduced if not completely eliminated if specific and goal-directed actions are taken. Such actions include promoting women’s rights, status and health; ensuring access to contraception; providing good quality health services, including counselling; putting referral systems in place; and demonetising abortion and changing laws where they are restrictive. All relevant agencies are called upon to initiate authentic programmes that will curb this carnage from unsafe abortion as part of the overall strategy for achieving the millennium development goal, not only in Nigeria but also in most developing countries of the world.

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References

Cerazette and HRT
A general practitioner (GP) wrote into our recent advice to ask if Cerazette® could be used as the progestogen part of hormone replacement therapy (HRT). I would be interested in the views of other Faculty members about this. The progestogen-only pill (POP) has been used traditionally as part of HRT regimes, although is not licensed for this indication. It has always been postulated that from the perspective of conception, as the additional oestrogen in contraception, as the additional oestrogen in contraception, the contraceptive effect of the POP will be maintained. As the newer POP, Cerazette works by doubling (or trebling) the dose of POP should be doubled (or trebled).

Cytology sampling using brushes
I write in response to the letter from Dr Leng Neoh in the April 2007 issue of the Journal.

As an experienced cervical sample taker I agree with Dr Neoh that when sampling the cervix using the Cervex-Brush® causes is required when the client has an intrauterine device or intrauterine system (IUD/IUS) in situ to ensure the clinician does not inadvertently remove the IUD during sampling.

However, I must point out that the plastic fronds of the brushes are bevelled for clockwise rotation only. The Cervex-Brush should be rotated five times in a clockwise direction and not, as stated by Dr Neoh, “five times clockwise and five times anti-clockwise”. This is incorrect sampling and there is also more risk of the thread breakage in a clockwise direction, but to do so in two stages, namely after rotating twice, stop, remove the brush from the cervix (but not from the vagina) and from any threads that may be starting to become entangled, and then continue sampling to complete the five rotations, ensuring the brush is repositioned at the same point on the cervix where the second rotation finished. I have found that although the threads may start to become entangled, it is easier to remove the brush from them without dislodging the IUD.

Using a Spencer Wells forceps as suggested by Dr Neoh is also an option but this requires some skill and may dislodge the IUD/IUS by the traction on the threads. This also necessitates having a ready supply of instruments.

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References

Increase in IUD expulsions
It was with great interest, and a sense of déjà-vu, that I read the recent correspondence concerning insertion problems with the IUD/ IUS by the technique of placing the brush in the cervix and from any threads that may be starting to clockwise may have inadvertently caused downward traction on the threads of the intrauterine device leading to its ‘unintentional removal’. I do not see any benefit in using a Spencer Wells forceps as suggested by the author to minimise this risk. In fact, I wonder how one could rotate the Cervix brush with the Spencer Wells forceps near the external cervical os and that this technique may be a potential cause for inadequate sampling of the cervix.

I would appreciate readers’ comments.

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