irregularities, as is widely published in the literature. Schumann and Glasier15 have shown that expert
counselling increases LARC uptake but does not decrease the repeat abortion rate. This suggests that the initial
response to expert counselling is positive, with a decline in motivation resulting in discontinuation of LARC.
Only 5% of our patients had accessed EC. Whilst EC should be used only in exceptional circumstances rather than
routinely, EC could nevertheless prove very useful if the patient had a reasonable understanding of their
indications and direction for use.16 It is clear that placing emphasis on EC awareness and availability during
contraceptive counselling could help reduce the incidence of repeat TOPs.
Management of repeat abortion should go beyond just medical considerations and should consider the social,
economic, cultural and psychological aspects of an individual woman. Studies have shown complex psychological factors to be a potent factor in non-
acceptance or poor compliance with contraception.10,17,18 Schumann and Glasier in a randomised study have shown that
directed expert counselling does not improve long-
term continuation of contraceptive methods.14 Therefore, it is imperative that in addition to full medical counselling for
contraception, psychological counselling and involvement of social workers where appropriate may be beneficial in
tackling underlying psychosocial problems. In conjunction with this, the provision of follow-up to address concerns
regarding the chosen contraceptive method, the involvement of partners in the decision-making process and the
continuation of contraception could all help to reduce the incidence of abortion.

Acknowledgement
The authors would like to thank Mr S Murray of the Clinical Audit Department, Royal Oldham Hospital, Oldham, UK for collating the data.

Statements on funding and competing interests
Funding None identified.
Competing interests None identified.

References
publications/publicationstatistics/dh_0756979/ [Accessed 4
June 2008].
2 Garg M, Singh M, Mansour D. Peri-abortion contraceptive care: can we reduce the incidence of repeat abortions? J Fam Plann Reprod
5 Rosenberg MJ, Wangh MS, Burnhill MS. Unintended pregnancies and use, misuse, and discontinuation of oral contraceptives. J Reprod Med
9 Alouini S, Uzan M, Meningaud JP, Herve C. Knowledge about contraception in women undergoing repeat voluntary abortions, and
15 Schumann C, Glasier A. Specialist contraceptive counselling and provision after termination of pregnancy improves uptake of

Contraception: A History.

Despite its title, this book covers a tremendous amount. It examines attitudes towards sexuality and
contraception, and as well as the various means by which people have tried to control their fertility through the ages. It looks at the attitudes and
behaviour of those who opposed any controls or restriction on the policy of “go forth and multiply”,
as well as those who turned a blind eye to what people did, and those who encouraged the use and
spread information about contraception.

The book contains so much that it is impossible to summarise. Much of its content was new to me, despite my many years immersed in the
literature around contraception. It provides influential medical campaigner for birth control in
Germany, Mensinga reported the use of his pessary (diaphragm) in “a dozen of my female patients who, wholly aware of its purpose, have been
assisting me in my reliability project”. Mensinga

This is an interesting book dealing with conditions that women usually present with in primary care. The book is divided into eight main sections: menstrual problems, menopause, fertility and contraception, sexual and reproductive health, urogential problems, prevention and screening, and gynaecological cancer. background information is followed by investigations, management, medical options, recent developments and conclusions. A case history and further reading are also presented in each instance, which helps to clarify the condition very well. The book is well laid out with clear headings and text that is easy to read. Each condition discussed is between two and four pages long, thus giving useful advice at a glance if information about a particular problem is required quickly. The clarity and succinctness of the book make it particularly useful for busy health care professionals working in primary care, including general practice, NHS walk-in centres and sexual health clinics.

Reviewed by Lucy Bunting, RGN
Health Visitor and Sexual Health Nurse, Heart of Birmingham Teaching Primary Care Trust (HoBTPCT), Birmingham, UK