Non-palpable implant removal

We were interested to read the comprehensive commentary on UK provision for non-palpable implants where the author recommends that “deep Implanon® removers” should remove at least 12 deep implants each year to maintain surgical skills. The commentary did not elaborate on the basis for setting the standard at 12 removals per year or present the evidence to support the target. Deep (non-palpable) implants and difficult to remove implants (where attempts at removing using the push technique have failed) require different levels of competence and indeed the facilities required for removal may be different. Implanon was introduced in the UK in 1999. Of more than 150 000 implants fitted in the UK in 2007, the marketing company (Schering-Plough) reported a deep palpable rate of 0.069%, which, in absolute terms will be quite small numbers (Rakesh Patel, Combe Park, Bath, UK).

Contraception availability in China

When I started working in a small general practice in Nanjing in China, I was surprised to find out how limited was the choice of contraceptives. Many expatriate women would come to our clinic asking to be prescribed the same pills they had in their home countries but I was unable to obtain them from the local pharmacies. Having an interest in family planning and a desire to continue to advise and prescribe contraception, I decided to investigate the underlying reasons for the scarce contraceptive market.

The one-child policy has adopt made China a unique environment for family planning. It has had a substantial impact on contraception and reproductive health policies. This policy may have contributed to the rapid economic growth. However, it has also created an enormous pressure on women not to get pregnant. Chinese families traditionally disadvantage of a child conceived out of wedlock and it can present a major administrative problem.

A lot of unmarried women opt for abortion if they get pregnant. In Chen et al.’s study of 4547 young unmarried women seeking abortion, 47.7% of the current pregnancies were associated with non-use of any contraceptive method and 52.3% were contraceptive failures. These findings support the idea that information on methods of contraception is not widely available to the target population.

In the 2006 survey of contraceptive knowledge of 8462 married couples, Chen et al. tested knowledge of eight methods of contraception, namely the intrauterine device (IUD), oral contraceptive pill (OCP), barrier methods, injections, natural methods, withdrawal, vaginal douche (“irritation”) and the spermicidal sponge. They discovered that the majority of couples knew most about the irrigation method followed by the IUD. OCP withdrawal, timing injection and finally female condoms and sponges. Some 70.1% of couples were aware of more than five different contraceptive methods but random use was the most popular. Sunanda Gupta, FRCOG, FFSRH

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References


LETTERS TO THE EDITOR

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