experience at IV administration. Perhaps we are unusual in that so many of our nurses do so many procedures.

Do any readers know of anyone else who is struggling with this issue? I have talked to one or two colleagues who were totally unaware of this guidance but I thought some of the Journal’s readers might be.

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Nurse training and the need for IUD fitters to have expertise in resuscitation

I would like to add fingers to keyboard after reading the thoughtful Personal View by Shelley Mehigan and her colleagues along with the subsequent correspondence in the April 2010 issue of the Journal. Nurse training in our specialty needs a nationally recognised and standardised educational pathway producing health care professionals who ‘fit for purpose’. This training must be theoretically and practically robust, be based on sound evidence and the accreditation must not be overly expensive. Our services may still be ‘doctor-led’ in many parts of the UK, but clinics would come to a grinding halt if nurses are restricted in their practice and become ‘handmaidens’ once more. The letter written by Dr Barbara Hollingworth clearly illustrates this point.

We have also had local community nurse-based clinics fitting intrauterine contraceptives in general practice premises suspended because ‘doctor cover’ by the general practitioners [who can administer intravenous (IV) drugs] has been withdrawn. Faculty guidance in Service Standards for and Intrauterine Contraception does not clearly state that a health care professional proficient in giving IV drugs is available within community clinics. I have recently asked over 70 health care professionals who fit intrauterine contraceptives about their use of atropine and no one has administered it. I have on one occasion in the last 22 years when a woman was very keen to keep an intrauterine device (IUD) in situ as she felt it was her only contraceptive option. On all other occasions, when faced with vasovagal attacks or persistent bradycardias women have recovered by applying basic life support measures including the removal of the IUD device where necessary. Perhaps when both these documents are reviewed this issue will be clarified.

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3. Royal College of Nursing (RCN) Statement.