



### Australian women are poorly informed about medical abortion

Why do women choose surgical terminations over a medical approach? Healthcare professionals in Australia appear to see this as more about knowledge than choice. A qualitative study involving 15 lengthy interviews with abortion service providers suggest that women are well placed to make informed choices, but in many cases they are less aware of the option of medical termination, and might choose it more often if the medical approach was promoted more widely, misconceptions about this method were addressed and if more practitioners provided it. It would be interesting to know how closely professionals' views agree with those of women themselves.

*Aust N Z J Obstet Gynaecol* 2016;56: 523–529. doi:10.1111/ajo.1250

### Obesity has a negative effect on male fertility

Are fat men less fertile? A retrospective cohort study of 4400 men referred for fertility investigations found that serum hormone and semen parameters demonstrated mild but significant relationships with body mass index. After multivariate analysis, ejaculate volume, sperm concentration, and sperm morphology all remained significantly but mildly inversely linked with fertility; sperm motility was not. Rates of azoospermia and oligospermia were also more prevalent among obese (12.7% and 31.7%, respectively) compared with normal weight men (9.8% and 24.5%).

*Fertil Steril* 2016;106:1070–1075. doi:10.1016/j.fertnstert.2016.06.041

### HPV vaccination is beneficial in co-infection prevention

An Italian study of 591 newly sexually active girls in a human papillomavirus (HPV) vaccination trial concludes that over 16% of young women have at least chlamydia or HPV infections and that the risk of chlamydia is higher in high-risk HPV-infected compared to high-risk HPV-uninfected young women. In addition, the rate of co-infection was halved in HPV-vaccinated compared to unvaccinated women, suggesting that HPV vaccination can also confer benefits in terms of co-infection prevention, as well as decreasing the risk of developing cervical malignancies.

*Arch Gynecol Obstet* 2016;294:1227–1233. doi:10.1007/s00404-016-4167-x

### Entonox® is ineffective for pain relief in IUD insertion in nullips

The use of laughing gas, commonly known as Entonox®, to prevent pain at the time of

inserting an intrauterine device (IUD) into nulliparous women has sadly drawn a blank. A double-blind, randomised controlled trial of a mixture of nitrous oxide and oxygen, or oxygen alone, inhaled for 2 minutes before IUD insertion found no significant difference between the two inhaled gases. There were 40 women in each group and the primary outcome was maximum pain 2 minutes after insertion using a visual analogue scale.

*Int J Gynecol Obstet* 2016;135:145–148. doi:10.1016/j.ijgo.2016.04.014

### Integrated services fail to improve all SRH aspects for women living with HIV

When sexual and reproductive healthcare services integrate with genitourinary medicine services it would be encouraging to think that the whole would exceed the sum of its parts. But not so for a cohort of HIV-positive women attending an integrated service brought under one roof in Edinburgh. Pre-integration, 24.9% of women at risk of pregnancy were using an effective method of contraception, with a non-significant improvement post-integration to 39.3%. Pre-integration, 47.6% of pregnancies were unplanned, whilst 50.0% were still unplanned post-integration. The uptake of long-acting contraceptive methods and cervical cytology did both significantly improve with service integration.

*Int J STD AIDS* 2016;27:1063–1065. doi:10.1177/0956462415606341

### Danish study demonstrates link between depression and the pill

The belief that taking hormonal contraception can cause depression has been widespread, and a large Danish study confirms this. A prospective cohort study of more than one million women found an increased risk for first use of an antidepressant and first diagnosis of depression among users of different types of hormonal contraception, with the highest rates among adolescents. Data were collated from the National Prescription Register and the Psychiatric Central Research Register in Denmark from 2000 to 2013. The women included were those without any previous diagnosis of depression or psychiatry history. Venus cautiously considers that the small increased risk of depression is worth taking for the sake of preventing unwanted pregnancies.

*JAMA Psychiatry* 2016. Published online 28 September 2016. doi:10.1001/jamapsychiatry.2016.2387

### Sexual abuse survivors report conflicting childbirth experiences

An American study with the Dickensian subtitle “It was the best of times, it was the worst of times” sheds light on the experience of childbearing amongst survivors of sexual abuse. The researchers interviewed eight women, taking 302 significant statements about their experiences of childbirth, which fell into seven over-arching themes. These revealed enjoyment and excitement juxtaposed with guilt and fear. The women experienced childbirth as an emotional rollercoaster permeated by the past. They said they had no voice, lacked support, and they overwhelmingly wanted control. They reported that they had not been screened for sexual abuse, and that childbirth re-traumatised them.

*J Midwifery Womens Health* 2016; 61:474–481. doi:10.1111/jmwh.12421

### Male contraceptive breakthrough anticipated by 2026?

The Paris Manifesto 2016 [declaration of the International Consortium for Male Contraception (ICMC) on 4 May 2016 at the First ICMC Congress in Paris] called for the development of “reliable, reversible and affordable male contraceptives which can be used by millions of sexually active men to allow men to participate in family planning and enhance reproductive health of the couple”. One goal is to “help bring to market at least one reliable, reversible and affordable male contraceptive by 2026”. A challenge because the pharmaceutical industry deserted the field of research in male contraception, partly because of a perceived lack of acceptability and profitability. But remember – public advocacy led to scientific discovery and success for the female pill.

*Andrology* 2016;4:773–775. doi: 0.1111/andr.12251

### Mindfulness may have a role in sex therapy, too

Mindfulness is the current trend for promoting healthier and calmer ways of living. It's also now finding an evidence-based foothold in sex therapy. A laboratory-based study of 79 women with sexual desire and arousal difficulties reports that after four sessions of group mindfulness sex therapy, genital subjective sexual arousal concordance (the degree of agreement between self-reported sexual arousal and psychophysiological sexual response) as measured by a vaginal photoplethysmograph, significantly increased from pretreatment levels. Sexual arousal concordance is speculated to play a key component in healthy female sexual functioning.

*Arch Sex Behav* 2016;45:1907–1921. doi: 10.1007/s10508-015-0689-8

