



### LARC use decreases as perceived barriers to use increase

Perceived barriers are the strongest predictor of women's use of long-acting forms of reversible contraception (LARC), with use decreasing as barriers increase. In one Welsh qualitative study barriers included fear and embarrassment. Ironically, increases in "health motivation to reduce pregnancy" and "perceived behavioural control" reduced the odds of a woman using LARC – which might seem counterintuitive until one considers that women who score highly on these parameters probably see themselves as able to manage the use of non-LARC methods.

*Womens Health* 2016;12:507–512. doi: 10.1177/1745503716678231

### Positive outcomes with low-dose mifepristone/self-administered misoprostol regimen

In a study of the efficacy, safety and acceptability of low-dose mifepristone combined with self-administered misoprostol for ultra-early medical abortion (EMA), 744 women were followed up for complete abortion. Secondary endpoints were rates of unscheduled re-attendance, time required for and cost of hospital observation and follow-up, vaginal bleeding, adverse effects, menstrual disturbance in the post-treatment period, and satisfaction. Satisfaction and follow-up compliance were higher in the self-administration group, and cost to women lower. There were no differences in the rates of complete abortion, unscheduled re-attendance, vaginal bleeding, adverse effects, or return of post-treatment menstruation.

*Reprod Sci* 2017;24:731–737. doi: 10.1177/1933719116669055

### Telemedicine abortion service compares favourably with clinic protocols

Women in Ireland cannot undergo abortions legally (except in a few 'restricted circumstances') so they have been seeking the wherewithal to undertake medical termination of pregnancy online. A population-based study of 1000 women who secured a termination via a women-only telemedicine service between 2010 and 2012 reports generally reassuring findings. Most (95%) of the women safely ended their pregnancies without surgical intervention. Just 0.6% required a blood transfusion and 2.7% required antibiotics; 9.3% reported post-termination symptoms for which they were advised to seek medical attention, and of the five women who didn't do this, none came to any harm. The telemedicine outcome data

compared favourably with clinic protocols, and women were able to self-identify potential serious complications.

*BMJ* 2017;357. doi: 1136/bmj.2011

### Unusual bleeding patterns in IUS users always merit investigation

Dismiss persistent vaginal bleeding in women with an intrauterine system (IUS) at your peril. A 50-year-old woman with a levonorgestrel (LNG) 52mg IUS who presented to a gynaecology clinic was found to have stage 1 grade 1a endometrioid carcinoma. A literature review revealed five similar cases. The LNG 52mg IUS is recommended to treat endometrial hyperplasia, but despite this, endometrial cancer may develop with it *in situ*. The message is clear: women who present with unusual bleeding patterns despite being treated with an LNG 52mg IUS should be fully investigated.

*Post Reprod Health* 2017;23:13–14. doi: 10.1177/2053369117691201

### Men with congenital pelvic anomalies want to discuss sexual health issues

Don't assume that disability means celibacy. Reviewing the sexual implications of male congenital pelvic anomalies, the author argues that while these anomalies are rare, we should assume that sex is desired and possible, and assume fertility is normal until proved otherwise. We should also facilitate sexual education, treat erectile dysfunction and infertility by standard protocols, and arrange genetic counselling when appropriate.

*Trends Urol Mens Health* 2017;8:17–20. doi: 10.1002/tre.570

### HIV-infected couples need advice on conception and HIV-prevention strategies

Women who are HIV-positive don't lose their desire to have children, although couples may lack information to conceive safely, and men may be especially uninformed. Twelve men from HIV-infected couples participated in a qualitative study looking at reproductive intentions, practices, and attitudes – including attitudes about the perceived risk of vertical and horizontal transmission, safer conception, and preconception planning. Concerns about the health of the baby, men's involvement in pregnancy, safer conception, concerns about HIV transmission and antiretroviral therapy, and HIV infection were some of the themes identified. Men lacked information about

safer conception and newer HIV-prevention strategies, such as pre-exposure prophylaxis.

*J Int Assoc Provid AIDS Care* 2017;6:133–139. doi: 10.1177/2325957415612127

### No obvious reason for alterations in Scandinavian semen parameters

Scandinavian semen quality appears to be waning. A study of over 5700 Norwegian men attending a fertility clinic from 1993 to 2012 found semen volume, sperm concentration and total sperm count had gradually decreased, while the proportion of hypospemia, azoospermia and oligozoospermia increased by around 25%, 100%, and 10%, respectively. The cause of the decline and its effect on fertility potential remain unclear.

*J Reprod Biotechnol Fertil* 2016;5:1–7. doi: 10.1177/2058915816633539

### Healthy diet shown to improve quality of Dutch sperm

Poor-quality Dutch semen, on the other hand, has been shown to improve when men adhere strictly to a healthy diet. Sperm concentration, total sperm count, progressive, and total motile sperm count were all positively and significantly associated with a strong adherence to a healthy dietary pattern. Although there was a trend toward a diminution in semen quality, the researchers found no statistically significant associations with strong adherence to an unhealthy dietary pattern. Preconception tailored nutritional counselling is recommended for couples trying to conceive.

*Fertil Steril* 2017;107:916–923. doi: 10.1016/j.fertnstert.2017.02.103

### Discrepancy between Kenyan men's perceived roles and their self-reported behaviour regarding maternal health

What role do men play in maternal health in Western Kenya? An interview study involving 134 men, lay women and community health workers found a general consensus that it was a man's duty to protect women during pregnancy. Obstacles to male involvement identified included gender dynamics, according to women interviewed, and financial limitations, according to men. Of particular note was the discrepancy between how men described their roles and how they actually behaved. More educated men described themselves more positively than did their less well-educated counterparts.

*Int J Gynecol Obstet* 2016;135:245–249. doi: 10.1016/j.ijgo.2016.06.015