Mobile apps often provide erroneous STI information

Venus was shocked to read a review of 87 mobile digital apps about sexually transmitted infections (STIs) which found only one that provided fully accurate and comprehensive information on chlamydia. Indeed one-third of the apps reviewed actually contained potentially harmful information. Given that young people are avid users of technology, that STIs are stigmatised, and that the privacy of mobile apps may be appealing, poor-quality apps really risk undermining the potential benefits of an e-Health approach in this area.


Digital pregnancy decision aid may benefit epilepsy sufferers

Women with epilepsy are often anxious about starting a family because of concerns about seizures during pregnancy, the teratogenic effects of anti-epileptic medication and the challenges of parenting in the context of poorly-controlled seizures. So a digital decision aid, such as that trialled by an Australian team in a randomised study, might be a handy support tool. The tool contained balanced evidenced-based information about options, risks and benefits, and the investigators found that women with epilepsy who used it had significant improvements in knowledge and reduced decision conflict, compared with the control group.


Etonogestrel-releasing implants do not affect infant growth

Etonogestrel-releasing implants can be used in the immediate postpartum period. Researchers investigating the growth of breastfed infants whose mothers had inserted an early implant designed an open, randomised controlled trial (RCT) which included 50 women who had been implanted up to 48 hours’ postpartum, and 50 women implanted at the conventional time of 6 weeks’ postpartum. The children were weighed up to 360 days of age. There was no difference in infant weight at 360 days between the two groups, and growth curves, height, and head and arm circumferences did not differ between the cohorts.

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Amenorrhea screening may identify women at risk of premature ovarian insufficiency

Can we predict which women are at greatest risk of premature ovarian insufficiency, and who should therefore consider freezing their eggs? A retrospective study in Irish fertility clinics reviewed clinical histories and anti-Mullerian hormone (AMH) levels to identify women most at risk of premature ovarian insufficiency. Of 490 women aged ≤35 years, 40% had AMH levels <10 pmol/L, 19% were <5 pmol/L, and 4% were <1 pmol/L. Significantly lower AMH levels were seen in women with risk factors such as endometriosis, ovarian surgery or a family history of premature ovarian failure; however, 57% of women with low AMH levels had no clinical risk factors. The researchers conclude that universal AMH screening should be considered.


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Young women living with HIV need preconception counselling

A qualitative North American study found that despite adequate reproductive knowledge, most young HIV-infected women were not using contraception. Those women who had become HIV-positive through risky sexual behaviour were more likely to have been pregnant before and had more knowledge about contraception and family planning than did perinatally infected women. Given the consequences of presentation of advanced HIV during pregnancy, the need for interventions to support adherence to treatment and preconception counselling is essential, and the interventions regarding counseling methods are potentially transferrable between populations.


Laboratory studies can predict potential sperm damage

And on the subject of freezing gametes, laboratory-based studies may have limited ability to predict treatment efficacy, but they can highlight technical deal-breakers, such as sperm which do not survive freezing. A study of how well frozen sperm samples thaw out included 55 men who were involved in intra-cytoplasmic sperm injection cycles for infertility. The main outcome measure was cases in which no sperm were found post-thaw – happily an infrequent event, occurring only after thawing of rare or very low concentrations of cryopreserved sperm.


Acupressure reduces nausea and vomiting in pregnancy

Venus, who doesn’t suffer nausea gladly, was drawn to a study of acupressure to alleviate severe nausea and vomiting in pregnancy. In this double-blind RCT of 120 women with low-risk singleton pregnancies admitted to hospital for hyperemesis gravidarum, participants received an acupressure band or an identical non-stimulating wristband for 12 hours a day for the first 3 days of admission. Nausea and vomiting scores were significantly lower in the treatment group, who also had less ketonuria, and required fewer admission days. Red wrists were the only reported side effect.