Teenage Pregnancy Strategy
The Independent Advisory Group on Teenage Pregnancy was established in 2000 to provide advice to the Government and monitor the success of the Teenage Pregnancy Strategy. Their second annual report, published in July 2003, suggests that the Teenage Pregnancy Strategy is working and young people are becoming more confident about using sexual health services. The latest figures showed a 10% reduction in the rate of teenage conceptions amongst the under-18s, and an 11% fall in the under-16 age group since 1998. The group made eight key recommendations to Government, including asking for the national information campaign to be intensified to target specific groups, such as boys and young men, who are disadvantaged or hard to reach. They also suggested a new campaign to ensure that professionals and under-16s know they have the same rights as adults to confidentiality when they seek advice and information on contraception, and relationships. The full report is available from the National Children’s Bureau, 8 Wakley Street, London ECIV 7QE, UK and www.nchb.org.uk.

Updated Cochrane Reviews
Amongst the updated Cochrane Reviews for 2003 are: ‘The skin patch and vaginal ring versus the combined oral contraceptive for contraception’, ‘Combination contraceptives: effects on weight’, ‘Sponge versus diaphragm with spermicides for contraception’ and ‘Immediate postpartum insertion of intrauterine devices’. Cochrane Reviews are available on the link www.nelh.nhs.uk.

New chair for IWHC
The International Women’s Health Coalition (IWHC) has elected a new chair, Kati Marton, who is a journalist and vociferous human right’s activist. Other members of the board come from Argentina, Colombia, England, the Netherlands, India and the USA. Founded in 1984, IWHC works to promote human rights and reproductive health policies and programmes and funds projects to protect the rights and health of girls and women worldwide, especially in Africa, Asia and Latin America. More information about the work that can be obtained on their website at www.iwhc.org.

New leaflets
Brook have launched some new leaflets for 14–16-year-olds entitled: ‘But that’s double Dutch’, ‘Play safe on holiday’ and ‘The cool lover’s guide to condom use’. The leaflets are available from Brook, 153 Chalcot Road, London NW4 6DO. A guide to the full range of leaflets and other publications from Brook is available on their website at www.brook.org.uk.

Screening for Chlamydia trachomatis infection
is indicated for women under 30 using emergency contraception. ‘Combination contraceptives: effects on weight’, ‘Vacuna versus diaphragm with spermicides for contraception’ and ‘Immediate postpartum insertion of intrauterine devices’. Cochrane Reviews are available on the link www.nelh.nhs.uk.

Condom advertisement withdrawn
The advertisement for the condom Durex Perform® has been withdrawn, following three complaints to the Advertising Standards Authority. The advertisement was for billboards that people cannot avoid seeing and reading. The message that longer-lasting sex could be better as well as safer with a condom obviously offended some people. It is often difficult to draw the line between sexual suggestiveness and the promotion of sexual health. Public advertisements about condoms have to be subtle and tasteful because they concern an area of life that is usually private – and about which people have strong feelings.

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Both these studies investigated the prevalence of Chlamydia trachomatis infection in women. The first study from Scotland tested 837 women requesting emergency contraception (EC). They found that those between the ages of 25 and 30 years had a significantly higher rate of positive tests for Chlamydia than the same age group of women attending for EC. The rate in general practitioners in Belgium. Overall the second study tested 787 women attending their general family planning attendees. At 5.3% the tests for Chlamydia than the same age group of women (3.6%, 95% CI 0.9–9.0) in the Days 4–5 control group were lost to follow-up. The typical use failure rates were four pregnancies in 111 women (3.6%, 95% CI 0.9–9.0) in the Days 4–5 group and 17 pregnancies in 675 women (2.5%, 95% CI 1.5–4.0) in the control group. The failure rates during perfect use were 1.9% (CI 0.2–6.8) and 2.0% (CI 1.1–3.5) in the Days 4–5 and 101 control groups, respectively. Extending the time limit for starting the Yuzpe regimen on Days 4–5 prevented 77% (CI 15–94) of pregnancies prevented, perfect use of the Yuzpe regimen on Days 4–5 prevented 77% (CI 15–94) of pregnancies compared with 73% (CI 51–85) in the control group.

Due to the small sample size of 111, the confidence intervals were wide and the study had insufficient power to demonstrate any difference in efficacy with time. The authors concede this deficiency in their study but claim to have demonstrated at least partial efficacy of the Yuzpe regimen beyond the 72-hour cut-off. It is impossible to determine the precise magnitude of this effect as there have not been any trials comparing EC to placebo. The paper concludes that women who request the Yuzpe regimen for EC more than 72 hours after unprotected intercourse should be allowed to receive it.

In the light of current evidence it may indeed be appropriate to advise the patient for both the Yuzpe and levonorgestrel-only methods. It would be important, however, to inform patients that evidence is limited, and to emphasise the far greater efficacy of the copper IUD.

Reference

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