irregularities, as is widely published in the literature. Schumann and Glasier\textsuperscript{15} have shown that expert
counselling increases LARC uptake but does not decrease the repeat abortion rate. This suggests that the initial
response to expert counselling is positive, with a decline in motivation resulting in discontinuation of LARC.
Only 5\% of our patients had accessed EC. Whilst EC
should be used only in exceptional circumstances rather than routinely, EC could nevertheless prove very useful if
the patient had a reasonable understanding of their indications and direction for use.\textsuperscript{16} It is clear that placing
emphasis on EC awareness and availability during contraceptive counselling could help reduce the incidence of repeat TOPs.
Management of repeat abortion should go beyond just medical considerations and should consider the social,
economic, cultural and psychological aspects of an individual woman. Studies have shown complex
psychological factors to be a potent factor in non-
acceptance or poor compliance with contraception.\textsuperscript{10,17,18}
Schumann and Glasier in a randomised study have shown
that directed expert counselling does not improve long-
term continuation of contraceptive methods.\textsuperscript{14} Therefore, it is imperative that in addition to full medical counselling for
contraception, psychological counselling and involvement of social workers where appropriate may be beneficial in
tackling underlying psychosocial problems. In conjunction
with this, the provision of follow-up to address concerns
regarding the chosen contraceptive method, the
involvement of partners in the decision-making process
and the continuation of contraception could all help to
reduce the incidence of abortion.

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Competing interests None identified.


Despite its title, this book covers a tremendous amount. It examines attitudes towards sexuality
and contraception, as well as the various means by which people have tried to control their fertility through the ages. It looks at the attitudes and behaviour of those who opposed any controls or
restriction on the policy of “go forth and multiply”,
as well as those who turned a blind eye to what people did, and those who encouraged the use and
spread information about contraception.

The book contains so much that it is impossible to summarise. Much of its content was
new to me, despite my many years immersed in the literature around contraception. It provides
considerable ammunition for those opposed to illogical thought or who need to reply to those who rely on so-called “traditional beliefs”. The author starts with 429 BC. He quotes Plato and Aristotle
(who both debated birth control) and finishes with

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Problem Solving in Women's Health. Margaret Rees, Sally Hope, Martin K Oehler, Jane Moore and Nancy Crawford
Price: £35.00. Pages: 244 (paperback)

This is an interesting book dealing with conditions that women usually present with in primary care.
The book is divided into eight main sections: menstrual problems, menopause, fertility and contraception,
gynaecological emergencies, sexual problems, urogenital problems, prevention and screening,
and menopause. The background information is followed by investigations, management, medical options, recent developments and conclusions. A case history and further reading are also presented in each instance, which helps to clarify the condition very well. The book is well laid out with clear headings and text
that is easy to read. Each condition discussed is between two and four pages long, thus giving
useful advice at a glance if information about a particular problem is required quickly. The clarity
and succinctness of the book make it particularly useful for busy health care professionals working
in primary care, including general practice, NHS walk-in centres and sexual health clinics.

Reviewed by Lucy Bunting, RGN
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