ESC

NEWSLETTER

@ Newsletter from The European Society of Contraception

Volume 4 • Supplement • 2007

ESC Newsletter Seminar Supplement 2007

Welcome to our Newsletter Supplement. This Newsletter contains reports and information related to the 9th ESC Seminar 'From Abortion to Contraception', held in Bucharest from 21 to 22 September 2007. Abstracts and powerpoint presentations of the seminar will be available soon on the ESC website: www.contraception-esc.com

We would like to express a special thanks to Dr. Anne Webb and Dr. Sarah Randall for the language revison of this Newsletter.

We will release our next regular newsletter (Vol 4 Nr 4) on January 15.

Lost one of our newsletters? Not to worry. All our recent newsletters and supplements are posted online at www.contraception-esc.com (section publications).

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The biggest seminar ever

- M. Lech, Poland -

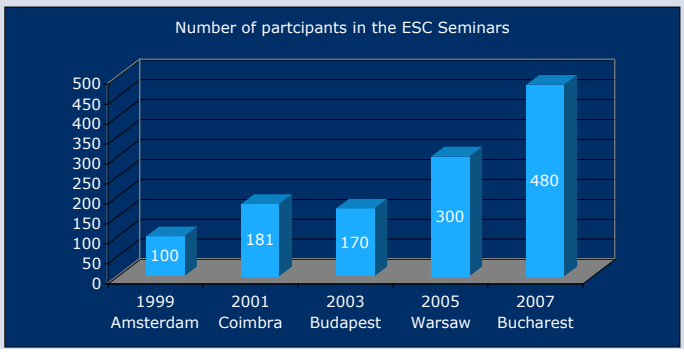
The decision to organise the ESC Seminar in Romania was made during the previous ESC Seminar in Warsaw, and it was a very good decision. Romania is one of the most populous countries located in Central/Eastern Europe.

Until the Bucharest Seminar the Romanian representation in the ESC was very small, and what was most important, Romanian women seeking family planning too often have to meet their needs by induced abortions. The number of induced abortions in Romania still exceeds 150 thousand per year.

The topic of the Seminar was "From abortion to contraception". As fed back by the participants, the topic was very well chosen and attracted as many as five hundred people from all around the Europe. As was expected, the majority represent Central/Eastern European countries. Comparing the number of participants with all previous ESC seminars (Fig.1), it is very easy to state that this was the biggest ever!

The early autumn is the traditional time for the organisation of the ESC Seminars, and Bucharest welcomed participants with nice whether and warm hospitality. The Seminar was divided into three plenary sessions and three workshops.

Figure 1



"**Medical Abortion**" was the topic of the first session. Dr. E. Aubeny (France) presented the results of a study based on the 1.5 million medical abortions provided in Europe during the recent years. All these procedures were effective and there were no serious complications.

Prof J. Bitzer (Switzerland) provided the lecture on **abortion counseling** and its indispensable role in the promotion of reproductive health.

Prof C. Anton (Romania) described the **situation in his country** where medical abortion is not available (due to the unavailability of mifepristone and misoprostol). Prof Anton mentioned also that this method maybe not popular in Romania not only due to the unavailability of the registered medicines, but also the other negative factor maybe the attitude of the most gynaecologists who "have very good experience in providing surgical abortions".

Dr A. Verougstraete (Belgium) gave a lecture on **emergency contraception**, and said "emergency contraception is very effective and plays a very important role in reducing the number of induced abortions". She also presented the results of her study on immediate initiation of regular hormonal contraceptive use in women taking EC pills saying this also works very well. During the discussion Prof Anton concluded that the abortion counseling does not exist in Romanian clinics providing these procedures due to a large workload.

New developments in contraception was the topic of second ESC Seminars' session. Prof I. Batar (Hungary) discussed in detail the **methods of intrauterine contraception** (IUD). He underlined that, in the light of the newest studies, there is no increased risk of genital tract infections in IUD users, and that IUDs may also play an important role in emergency contraception (beyond 72 hours since unprotected intercourse).

The third session was - in fact - **the Summary Session**, and this was the session of Prof JJ. Amy (Belgium), who is also the Editor-in-Chief of the European Journal of Contraception and Reproductive Health Care.

His extraordinary summarizing lecture was a mixture of very important scientific information with data from the Seminar and his own biography (his biography is very closely related to the history and all the most important developments in the field of reproductive health of the last forty years).
This was the last lecture of the Seminar, but – I am sure – most of the Seminar participants, if they would ever think of the Seminar will, most certainly, – recall the presentation of Jean-Jacques, his sense of humor and even the intonation of his voice.

As usual, **the three workshops and the forum** formed a very important part of the Seminar. This was a place and time, for real thought exchange, for questions and answers, and even for making friends.

It is also my pleasure to write that all participants (here I am sorry for the participants who did not attend this event) had the chance to take part in the official dinner organized in the historic venue of the Old Bucharest. There was a place to take a bit of rest, to hear both classic and modern music, to eat national Romanian dishes, and even to dance. And I hope that the all participants enjoyed this evening very much.

Report on Workshop 1

Medical abortion in European Countries in 2007

- C. Fiala, Austria -

- Chair: N. Crisan (Romania)
- New European Recommendations for medical abortion, C. Fiala (Austria)
- Home use medical abortion: the French experience, E. Aubény (France)
- Comparison between UK and CR services for early abortion, T. Masarikova (Czech Rep)

It is almost 20 years since Mifepristone® was first approved for medical abortion in France, UK and Sweden. Since then most West-European countries have followed and made this drug available as it helps to improve the health status of women and increases their reproductive choices.

But a number of restrictions remain in most countries, explaining the huge differences in the use of medical abortion. Provided women have easy access, they chose medical abortion in more then 50% of all first trimester abortions. This huge acceptance shows the importance of medical abortion. Unfortunately and in contrast to 'evidence based medicine' there are still many European countries where the drug is not yet approved, mainly in Central Europe.

On the scientific level, research continues to further improve this treatment. Reflecting this, the European Medicines Agency has recently revised its approval. The main changes are an extension of the use until 63 days amenorrhoea, a clarification on the dose and deletion of some warnings, where experience has shown there is no scientific basis.

Other research areas are currently under investigation to facilitate treatment. The main aspects are to give the prostaglandin at home or to bring medical abortion outside the hospital to private practice or family planning centres.

Furthermore initiatives are needed to make medical abortion accessible to women in those countries where it is currently not yet on the market.

Report on Workshop 2

Talking about sexuality in your office

- O. Loeber (The Netherlands) and B. Pinter (Slovenia) –

The workshop 'talking about sexuality in your office' was, through a misunderstanding, renamed 'sexuality in your office'. This topic would have been interesting, even steamier than the original one, but we clung to the first version.

The workshop was well attended and everyone participated full heartedly. We started with a word game, collecting names youngsters give to sexual organs in all the different countries ('cuckoo' and 'bird' come to my mind). After this a card game, which makes you talk in pairs about sexuality, changing partners and topics every 5 minutes.

This game was so fascinating many participants did not want to stop. We had to go on though and carry out a role play. For this Gretchen volunteered as the patient and she gave a very convincing performance as a lady with many problems, to the point that she burst out crying when the last 'doctor' had started to unravel her problem and tried to help her. It was impressive.

All the participants enjoyed the workshop immensely. The main innovative aspect of this workshop was the manner in which it was conducted.

We wrote down what we thought were the main take-home messages :

1. Use open-ended questions
This is very hard for medical doctors, because of a lack of tim. Doctors want to speed things up and in the end tend to ask mainly closed questions to which the patient can only say yes or no. Sometimes you will not able to get to the heart of the matter this way.

2. Give control to your patient
Here are some questions you can ask your patient:

- Ask her if she is comfortable in the way you perform the consultation
- Ask her if she is comfortably with you as her medical doctor
- Ask her if this is what she expected,

3. Observe body language
If you see that somebody is shy, angry, nervous, it often helps to confront the patient just by mentioning it. For example : I see that you are very nervous, can you explain to me why you are nervous, is this is a difficult question... This gives the patient the opportunity to tell you what she really wants or needs to say.

4. If you don't feel confident discussing sexual topics, refer your patient to a counsellor, sexologist, psychologist, social worker...
When you refer your patient, always explain to her why you are referring her to someone else. Explain that it is not because you think her problem is not important or because it is not a real problem but that you are not the best person to help her with this particular problem.

5. Be open and non-judgmental
That means be aware of your own values and your pre-judgments.

6. Be aware that not all patients in front of you are heterosexual

7. The emphasis on a holistic approach
You have to realize that there are always biosocial aspects involved when treating a patient. If the way you treat her doesn't help, it is possible that the underlying problem is in another area and not in your area of expertise.

Report on Workshop 3

How to move from abortion to contraception?

- O. Graham (UK) and A. Webb (UK) -

There was contribution to the workshop from all countries represented with participants from Belgium, Denmark, France, Romania, Russia, Serbia, Switzerland, Netherlands and UK.

The workshop was introduced with a brief review of the situation regarding abortion in the UK and Romania. Abortion was legalised in 1967 in Great Britain. Although there is free, accessible regular and emergency contraception, the number of abortions is increasing every year. The available statistics for England and Wales show that the abortion rate has been steadily increasing from 8 per 1000 women (aged 14-44) in 1970 to more than double at 18.3 in 2006. However it is unknown how much of the increase is due to improved access to abortion and, maybe, improved and more complete notification records. In Romania, with the legalisation of abortion, and increasing use of contraception, they noticed the abortion rate fell by 80% with parallel reduction in the maternal mortality rate.

The following reflects the discussion at the workshop

The workshop acknowledged that repeat abortion statistics are often unreliable and can be affected by a variety of factors. However most studies have shown rates of around 25-30% in most countries. In Belgium before abortion became legal, the abortion rate appeared to be low but once it had been legalised, the abortion rate increased while the rate in the neighbouring Netherlands, that had been performing abortion on Belgian women, saw a decrease. In some countries abortion is used as a method of fertility control and some women had had up to 30-40 abortions (some of them were illegal). The accuracy of the abortion statistics also depends on how doctors are paid and whether abortions are carried out in government premises or private practice. It is sometimes not easy to obtain accurate statistics from the private hospitals. Therefore data from different countries must be compared with care taking accuracy into account.

In Belgium abortion is the woman's choice up to 14 weeks gestation but there is a 6 day cooling off period prior to the abortion to "allow her the opportunity to change her mind".

In some countries, abortion is easy to access and free while regular contraception is not. In Russia, a reduction in abortions of 30% has been noted following the availability of COC in the immediate post operative period. Repeat abortion has been noted as a problem in adolescents with limited money where regular contraception cannot be afforded.

There was a debate about who has the problem when a woman is requesting her 4th abortion. What are the concerns about repeat abortion? Is it a problem for the clinician or for the woman's health? If abortion has not been complicated by infection, there is no evidence that it adversely affects a woman's fertility. Also the effect of abortion on the woman's psychological well being is uncertain. In that case is it a question of morality? Repeat abortion may also be about ambivalence about fertility and lifestyle. The workshop agreed that unwanted pregnancy is the main problem not repeat abortion which is an option in dealing with the unwanted pregnancy.

Preventing the first unwanted pregnancy is ideal but not realistic as even the most reliable form of contraception also fails. Once an abortion has taken place how can a repeat unwanted pregnancy be prevented? The following were suggestions based on experiences of what works in different countries and settings

- The vital role of counselling at all times as appropriate
- Contraceptive counselling should be multi agency, at first contact, at counselling , at abortion and preferably she should have a method of contraception prior to discharge
- Improved access to contraceptives, particularly to the long acting contraceptives (Implants, Intrauterine device/system and Medroxyprogesterone Acetate)
- Role of media to be encouraged with responsible and balanced reporting of issues around contraception
- Education of gynaecologist in contraceptive practices with inclusion of it as part of core training.
- Use of websites and local networks in areas without access to internet.
- Education and information of partners to improve balance in relationships.

The workshop concluded that moving from abortion to contraception is complex. The main issue is that of unwanted pregnancies and both contraception and abortions are part of the solutions. There needs to be more research on repeat abortions and long term contraception.

Report on Forum

Sexual education, youth and media

- S. van der Doef (The Netherlands) -

During this forum, the influence of modern media (e.g. Internet, television and magazines) on the sexual development of young people was discussed. The forum was introduced with a short overview of some research findings on the subject:

- what is the percentage of youngsters watching television and using the internet for information
- what sources do young people use when they want to look for information on sexuality topics
- which websites do young people consult

Then some examples were shown of what young people come across when using the modern media. One was a video clip from the artist ''50 cent'' which showed role models with whom young people could identify.

In the following discussion the audience were asked '' Are these music clips, which can be seen on television, harmful for the sexual development of young people?'' The majority of the participants agreed they were harmful. As to what could be done about it, the audience felt that banning them was not the answer and that other approaches are needed. This could include providing alternative more positive messages with different role models. This alternative message should be directed at schools, the family environment and the media. It was agreed this could take a long time.

Another example was a new Internet website which was launched in the Netherlands a few months ago with the purpose of giving sexuality education. This website shows very explicit movies and images, explaining sexual techniques with real actors. Again, the audience were asked for their views: ''Is a website for youngsters with explicit movies about sexual techniques a step in the right direction? Are such websites, which are available to anyone on the Internet, a good idea?''

The audience were divided on this one. Some were against it because the website only shows a part of sexuality education. It does not discuss intimacy or the personal relationship. It was felt that the message this website gives should be broader.

Those people who were in favour, emphasized the fact that it is mainly young men who visit this type of internet site, looking for answers and examples of techniques they can use. For example, they may want to know ''How do I have to behave and act when having sex?''. Unfortunately, instead they often visit pornographic sites which do not give a realistic picture of sex. So it was felt that this new website was certainly a step in the right direction

Dr. Koo then talked about sexuality education in Romania. She told the audience that it is only just starting in Romania and that they are in need of help and support in this area.

ESC award 2007

The Internal Scientific Committee and the Board of Directors unanimously awarded the 2007 Diploma to Dr. Anne Webb. This was presented to her during the 9th ESC Seminar in Bucharest. Anne expressed her gratitude as follows.

"It is a great honour to be the first ever recipient of the ESC Diploma. Right from its inception I felt a great affinity for the Society. Maybe it is something to do with my mixed European background. My parents were both British though with definite Irish connections. My mother was born and brought up in France. I was born and brought up in Spain and educated by the Swiss. Sometimes it can be confusing but it was great to meet others, just as mixed up as I, at that very first Congress in Paris in 1990.

By 1992 I had been elected onto the Board and served on it for a full 12 years with two stints in the Executive Committee though always in a supportive role. During these years we have had many discussions, negotiations and meetings.

One of the roles I felt I could carry out was to always keep and eye on the language in any of our regulations and communications, trying to ensure clarity and consistency. I apologise if I have sometimes been quite a stickler and I must thank you for allowing me to have such fun and make so many friends.

I hope you will allow me to continue checking language whenever you need it. I could pretend this is purely for altruistic reasons but it also has something to do with the fact that Ria Maes, who despite her quiet style is key to the success of any ESC function, knows exactly which my favourite Belgian chocolates are and always finds time to bring some to all our meetings. It goes to show that bribery is everywhere. Thank you once again." *- Anne Webb (United Kingdom) -*

Abstracts of the Poster Award Winners 2007

"Life = art of drawing without rubber" by John Gardner

- Aurelia Luca, Ascensium Association, Sibiu, Romania -

Aim: Acknowledgment regarding contraception: how to use it correctly, where to get information about it and "USE IT!!"

Objectives:

1) averting old prejudices;
2) underlining the existence of condoms as a unique method preventing sexual transmitted diseases; the condom – such a simple object standing up against the following very complex infections: HIV, Treponema Pallidum (Syphilis), Trichomonas Vaginalis (Trichomonas), Neisseria Gonorrhea (Gonorrhea), Candida Albicans (Candida), Chlamydia Trachomatis (Chlamydia), VHA (Hepatitis A), VHB (Hepatitis B), VHC (Hepatitis C), EBV (Epstein Barr Virus – Mononucleosis), HPV (Human Papilloma Virus – Genital Warts);
3) organizing Sex Education programmes (ASCENSIUM Association) in schools and high-schools in order to:
   - To acquire the necessary knowledge and skills to understand the concept of sex education;
   - To prevent sexually transmitted diseases, including HIV and hepatitis transmission;
   - To acquire a package of information relating to contraceptive methods.
4) Organising local and national information campaigns alongside local and national health authorities : advertising the existence of the family planning services, advice offered by the Family Doctors and free contraceptives (for a certain groups of people – social and economical problems).

Conclusion: Sex education programmes are well recognized and appreciated as the best way of acknowledging, informing and guiding teenager's sex life as an important part of the sexual very active category of people. Because "Life is a game with many rules, but no referee" (Joseph Brodsky) we should be our own moderator as when it comes to health we can only mistakes once!

Age and education greatly influence emotional response to first sex

- G. Hess, J. Green, B. Murray, S. Plume
University of Alberta, Edmonton, Canada -

For almost 30 years data has been gathered on adolescent sexual behaviour, using high school students as participants in paper and pencil surveys. Over time, reported behaviour has shown reduced gender differences and an overall trend toward healthier sexual behaviour. One disturbing finding, however, is the consistent and significantly more negative responses females have to first sexual intercourse. Females are significantly more likely to report negative emotions such as worry and guilt whereas males tend to report positive feelings. Some of these findings were presented at the ESC Istanbul conference.

In this presentation we will compare previous results from high school students (N = 1000+ over 25 years) to responses gathered from university students in Spring 2007. Dramatic differences were found in the initial analysis when female high school students' responses were compared to those of female university students. The university students (N = 350), who were enrolled in one of three university courses (human sexuality, learning and instruction, and special education), reported having first sexual intercourse later (mean age = 18 years) than the younger students (mean age at first intercourse = 14.5 years), generally felt that the age at which they had first sex was appropriate, reported significantly less negative emotional responses and significantly more positive emotional responses to their first experience.

Further analyses will enable us to present results on several aspects of the university females' first and most recent sexual experiences including their relationship with their first and most recent partners, their alcohol and drug consumption, their use of contraception, the prevalence of STIs, and descriptions of their experiences and perceptions of sex education in high school. While it has long been hoped by sex educators that age and education would have a positive effect on the experience of adolescents' sexual behaviour, rarely have analyses yielded such dramatic findings. The implications for sex education programmes in our schools will be discussed.

Summary Lecture

« Of lice and boys, and how they are related to the provision of emergency contraception »

- Jean-Jacques Amy (Belgium) -

Editor-in-Chief, Eur J Contracept Reprod Health Care

Georges IONESCO, the dramatist of Romanian origin, wrote a play named "***La Cantatrice Chauve***". In Britain, they have translated this to "***The Bald Prima Donna***", and in the United States to "***The Bald Soprano***". I guess a certain physical characteristic was the reason why I was asked to deliver this summary lecture, as indeed, none of the participating ladies was sufficiently deprived of her hair to play that role.

What tune shall I sing, upon completion of this most successful and informative scientific meeting? Should I try to summarize each of the communications I heard? I am afraid that –in addition to being inaccurate and incomplete- I might bore those who attended the same sessions as I did. I have planned it differently. I shall first highlight the enormous progress achieved in terms of access to contraception and safe abortion, which are two most important, basic human rights. I shall then mention data presented by speakers at sessions -other than Workshops 1, 2 and 3, and the Forum- that seemed particularly important to me. I shall mix these bits of information with things that were either said or shown and that seemed odd or funny to me. But let's get down to business.

We shall not go back very far in time. We shall not discuss in detail the abortion law "*de l'an quatre de la République*" (1796) promulgated in France, from which that of the Napoleonic Penal Code of 1810 is derived. We shall not review the legislations forbidding the use and the sale of contraceptives and the performance of abortion that were passed in all European countries and the USA in the second half of the XIXth century. But let us mention the fact that immediately after the First World War, one of the greatest slaughters ever, anti-abortion and anti-contraception laws in many countries were made still more restrictive than they were before.

These laws, passed in Belgium in 1923, were voted by *all* important political parties. Obviously, and with enthusiasm, by the Catholic Party; but by the atheists of the Liberal Party and the *then* still left-minded Socialist Party, as *well*. During the next fifty years, the spread of information concerning contraception, the sale and the use of contraceptives were strictly prohibited in Belgium. Induced abortion was forbidden by law under any circumstances. Until 3rd April, 1990, depending on the period under consideration and the policies set forth by the public prosecutors, a varying number were brought to a criminal court.

Prosecution was highly selective, but a sufficient deterrent to relegate abortion to strict clandestineness until health workers started to take on their responsibilities in the early 1970s. Only for the rare therapeutic terminations of pregnancy carried out for severe maternal disease, was a lenient attitude observed. I am not talking about pre-historical times, not even about the Middle-Ages, but about a very recent past.

Michael, my elder son, will be 43 years old in four days from now. In 1964, the year in which he was born, about 50 women died in Belgium due to complications of illegal, clandestine abortions. Other women, who were in need of contraception and had seen a gynaecologist at the Saint-Pierre Hospital, in Brussels, were given a slip of paper on which the measurements of the diaphragm that would suit them were written down and told to go to the –still existing– pharmacy called "*Liberty*" on the *Avenue de la Toison d'Or,* very near from where I presently live. There, they could obtain the precious rubber device that had been smuggled into Belgium by pilots of the Belgian "Sabena" airline.

The first oral contraceptives, such as Anovlar®, manufactured by Schering, could only be prescribed for alleged menorrhagia or dysmenorrhoea, but –because of the prevailing law– not for contraceptive purposes. Hypocrisy prevailed all around. As I said, Michael was born in 1964. I had just turned 24. He fathered his first child two months ago, at the age of 42. Parenthood is nowadays much delayed. Taking this fact into account, what I told you, was the situation in Belgium, an industrialized, prosperous and –pre-

sumably– civilized country, *one generation ago*. Since then, a bitter and long war was fought, which led to the liberalisation of the law restricting access to contraceptives, in 1973, and of the one forbidding abortion, in 1990. For a few years now, euthanasia is also legal. We have come a long way. If there weren't the pitiful games played by politicians who want us to believe that they have been trying to form a government during the past 104 days, we could call Belgium a civilized country!

It is nice to be in Bucharest, formerly known as the "Little Paris" and presently, among other things, for the best traffic jams in Europe. We were privileged to attend an *excellent scientific meeting*, organized and hosted by the charming and frighteningly effective **Yolanda BLIDARU**. If there were to be a round of applause at the end of this talk, it will be offered on behalf of all participants to Yolanda, as a token of profound esteem for and deeply felt gratitude towards her.

We learned from **Elisabeth AUBENY** that extension of medical abortion to 63 days gestational age had been approved; that the administration of 200 mg mifepristone instead of 600 mg was associated with a higher rate of ongoing pregnancy and that in the latter occurred, it should not be considered an indication for termination unless the woman so desired it. Elisabeth reminded us that after more than 1.5 x 106 medical abortions , only two fatalities were recorded. The fatality rate therefore is of the same magnitude as that of early suction curettage.

Johannes BITZER, with regard to abortion counselling, stressed the fact that we should be neither judgemental, nor directive. One should help the woman to reach a reasoned decision, which she likely will not regret, and to gain increased knowledge about her own functioning.

Prof. ANTON provided comforting information about the improvement of birth control related matters in the hosting country during the last two decades. In Romania, between 1993 and 2004, the abortion rate decreased fourfold, the use of contraception rose threefold, and the total fertility rate dropped from 1.6 to 1.3.

Anne VEROUGSTRAETE stressed the fact that the main mechanism of action of emergency contraception consisted of postponement of ovulation. She informed us that LNG 1.5mg could be taken up to 5 days after the unprotected intercourse, although its efficacy in preventing pregnancy when taken on the 4th or the 5th day was reduced to 50%. Anne insisted that insertion of a copper IUD, unless contraindicated, was the preferred method as it also provided contraceptive protection for many years thereafter. She mentioned that some women "did not dare to ask for emergency contraception from the pharmacist because he might think that they were whores!!!"

This reminded me that at the end of the war, when I was about four, my mother, a very prude and dignified lady, was horrified when she one day discovered that I had head lice. She took me to the pharmacy, where –to her dismay– many people were present, whom she knew and –much worse still– who knew her! She asked the pharmacist, Mr. VANDERVORST, whether she could speak discretely to him, in the room behind. Once there, she whispered in his ear: "Could you please provide an anti-lice shampoo?" She added that she was deeply ashamed of the infestation of my scalp by those ugly arthropods. Hereupon, Mr. VANDERVORST replied in a very loud voice, so that all other clients present in the pharmacy could hear what he said, that "there was no reason to worry, Mrs. Amy; everyone had had lice, at sometime or another". I know for sure that my poor Mom wanted to vanish in a cloud of smoke and, if this were not possible, to die on the spot. The lack of confidentiality in the pharmacy, as pointed out by Dr. VEROUGSTRAETE, is indeed a major problem!

Dr. BUNESCU demonstrated that immediate postabortal insertion of the copper IUD is safe, effective and therefore recommended, but the expulsion rate is significantly higher than after interval insertion. **Dr. BAICAN** read a paper about pre-abortion counselling. **Dr. STANESCU** reported on a study comparing various protocols of oral administration of misoprostol which showed that, of these, the administration of 400 mg (at least) two hours before suction curettage was the most effective for cervical priming.

Dr. PICAVET, who carried out an internet survey of emergency contraception buyers in The Netherlands, concluded that a little over half of them, namely 56 %, bought it after failure of contraception, and only one third because they had not applied contraceptive measures.

BAYER SCHERING PHARMA SYMPOSIUM

Prof. STAMATIAN discussed the contraceptive reality in Romania and highlighted the gradual switch to "modern" effective methods now applied by 33 % of persons of reproductive age.

Prof. SILLEM talked about myths and prejudice about contraception, but only those concerning users. Myths and prejudice also exist in the minds of doctors, as many surveys from different countries have shown, e.g., the belief that women have to interrupt the use of oral contraceptives periodically, or that there is a wide variety of contraindications to the use of IUDs.

In a paper published more than 20 years ago, **John GUILLEBAUD**, an acknowledged expert in contraception, had written the following, to my mind, very funny statement: "*When an Englishman is thinking, he actually is rearranging his prejudices*". I am convinced that this statement concerns all of us. Descartes wrote centuries ago: "*Je pense, donc je suis.*" or in Latin: "*Cogito ergo sum.*" To think is still *safe, effective and inexpensive*.

One more thing, concerning **Prof. SILLEM**'s presentation: I was surprised that he talked about a certain breed of dogs, namely beagles, and that he showed a picture of a cocker spaniel. May I remind him -and all of you- that Charlie Brown's dog, the world famous Snoopy, is a beagle.

Prof. PELINESCU-ONCIUL gave an overview of Mirena® and Yasmin®. He discussed, among many other things, problems related to compliance, which indeed play an important role in contraceptive failures.

Prof. NANU gave a very complete overview of the evolution of hormonal contraception.

Prof. István BATÁR discussed new achievements in IUDs.

He stressed that

- only one follow-up visit is required,
- the lifespan for the T-Cu 380 has been extended to 12 years,
- an IUD can be used by young nulligravidae, even teenagers,
- various models are currently available that act as carriers of medication,
- an intracervical device is being evaluated,
- metal alloy devices have certain advantages over classic copper IUDs.

Rob BEERTHUIZEN reminded us that worldwide 180 x 10^6 women and 42 x 10^6 men have been sterilized. His presentation led to a very interesting debate about the desirability of practising male sterilization.

Yolanda BLIDARU discussed

- IUDs' lack of protective effect against HPV infection,
- the association of unfavourable socio-economic conditions with a higher prevalence of HPV related intraepithelial neoplasia of the cervix,
- the association of IUD with a higher prevalence of bacterial infection e.g., E. coli, GBS (group B streptococci or Streptococcus agalactiae).

Dr. TRESSELT reported an amazing case of accidental intravesical placement of the NuvaRing®.

Katarina SEDLECKI compared the attitudes regarding hormonal contraception prevailing in Serbia and Romania. In both countries, reluctance to use oral contraceptives is frequent, both among women and men.

To conclude, Madam Chairman, Mr. Chairman, all speakers at this most interesting and well attended scientific meeting have demonstrated that we are *indeed* evolving "*from Abortion to Contraception*". But *both* are complementary and *both* are here to stay.

Results of the evaluations

Participants were asked to evaluate the organization of the seminar and sessions and to provide us with their impression.
Here are the results. 5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor

1. OVERALL ORGANISATION

Welcome & registration	4,71
Simultaneous translation	4,34
Website information on the seminar	4,40
Lunch & coffee breaks	4,34
Seminar location	4,45
Meeting rooms	4,51
Poster viewing sessions	4,24

2. EVALUATION SCIENTIFIC PROGRAM

Plenary session 1		
Medical abortion	E. Aubény	4,68
Abortion counselling	J.Bitzer	4,65
Medical abortion: Romanian exp.	C. Anton	3,92
Emergency contraception	A. Verougstraete	4,67
Discussion		4,49
Workshops 1 and 2		
1. Medical abortion in European countries in 2007	N. Crisan	4,52
2. Sexuality in your office	O. Loeber-B. Pinter	4,75
Plenary session 2		
The evolution of the hormonal contraception in the last 2 decades	D. Nanu	4,46
New achievements in IUD's	I. Batar	4,63
Male and female sterilization	R. Beerthuizen	4,59
Discussion		4,59
Workshop 3		
3. How to move from abortion to contraception	O. Graham - B. Marinescu	4,68
Forum		
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Reports from the workshops	D. Cibula - I. Blidaru	4,63
Discussion		4,64
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3. DID THE 9TH ESC SEMINAR FULFIL YOUR EXPECTATIONS?

92,9% Yes / 4,7% No / 2,4% No opinion

Invitation to the 10th ESC Seminar

K. Sedlecki, Serbia

During 9th ESC Seminar in Bucharest it was decided that Serbia was going to be a host of the next Seminar of European Society of Contraception in 2009. The following Seminar will be held in Belgrade. The gynaecologists from Serbia are enthusiastic about welcoming colleagues from other countries and having the opportunity to exchange the experience and ideas, as well as to show the informal side of our country.

After many difficult years of isolation, Serbia has been in continuous progress since 2000. It is especially evident in big towns like Belgrade, Novi Sad, Kragujevac and Nis. Belgrade is a beautiful town with a population of 2.0 million. It has a wonderful position on the two big Europen rivers, the Danube and the Sava. Belgrade is an old town and through history many different nations passed through. Nowadays, it is a multinational and cosmopolitan town with a mixture of different cultures. It is a modern town, as well, with about 30 hotels offering accommodation for 7,000 guests, and in the centre of the city there are more than 700 cafes and restaurants with various musical performances, delicious food and good atmosphere. The night life in Belgrade offers different entertainment which is very attractive and popular among turists. It was a host of over 3,000 domestic and international meetings.

In spite of the fact that Serbia could appeal to be a modern democratic country, the unfavourable situation regarding birth control model reveals that transitional processes are still ongoing. The necessity of decreasing a huge number of induced abortions and increasing low rates of contraceptive use has been recognized by Serbian gynaecologists. As the result of that the national guidelines for combined hormonal and intrauterine contraception were introduced in 2006 and a media campaign was started at the same time. By holding the next Seminar in Belgrade, the ESC will provide a substantial contribution to the process of promoting modern values regarding sexual and reproductive life. For many gynaecologists from Serbia the ESC Seminar can be a chance to improve their relevant knowledge and to update their opinions according to current knowledge related to contraception use. You are welcomed to the 10th ESC Seminar, in which you can both participate in the scientific part, and at the same time enjoy the social part.

All materials to be included in the ESC Newsletter should be submitted (electronically) to the:
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All Newsletters are also to be found on the website of the Society:
www.contraception-esc.com (go to 'News')

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