



— QUARTERLY —

NEWSLETTER

ISSN 0779-2603

EUROPEAN SOCIETY OF CONTRACEPTION

Volume 11 • Number 3 • 2001

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Letter from the President and the Secretary General

Dear Colleagues,

Best wishes of the Season to everyone. Since the last issue the Executive Committee and Board members have been busy with the newly held successful Seminar in Coimbra, Portugal and preparing the ESC 2002 Congress in Genova. Moreover, you will appreciate that the ESC has now established its own web-site www.contraception-esc.com with Dr Rob J.C.M. Beerthuizen as webmaster. A report on the Coimbra Seminar is given by the Editor of this Newsletter, Dirk Wildemeersch who also takes up the challenge of updating the clinical possibilities with long-term intrauterine contraception. In future issues of the Newsletter, and on a continuous basis on the web-site, such clinical reviews will be published for your perusal. Such information will not always represent the official ESC guidelines, but will serve as inspiration for further discussion. The 7th Congress, April 10–13, will be the major ESC event in 2002. The title of the 7th Congress is 'Attitudes, prevention and care in contraception and reproductive health'. One of the most important issues in improving reproductive health care is an approach to meeting people's needs rather than just reducing fertility. This implies a closing of the existing, large, regional and international gaps in quality services offered by reproductive health-care providers, programs and contraceptive suppliers. Changed attitudes, new contraceptive developments, appropriateness of methods and introduction strategies need to be disseminated rapidly over the next several years. We encourage you to study the program carefully. The direct web address is www.contraception-esc.com/ESC%20congress.htm. The Scientific Committee trusts that the Congress will be acknowledged as a support to the perception of contraception, not only as a key intervention for improving female health care, but also as a human right.

We would like to thank you for your continuing support, we wish peace and good health to all of you and look forward to seeing you in Genova.

Best regards,

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Report of the 6th ESC Seminar

Coimbra, Portugal

The 6th Seminar of the European Society of Contraception was held on October 8, 2001 at the University Hospital of Coimbra, Portugal. The theme of the Seminar was adolescent pregnancy: Why are teenagers still getting pregnant?

The International part started with an overview of adolescent pregnancy by G. Creatsas (Greece). Adolescent pregnancy is increasing in many countries where people marry at younger ages. Dr Creatsas concludes that improvement of adolescent behavior should be one of the primary goals of the 21st century, and includes the development of new contraceptive techniques, providing protection from sexually transmitted diseases, improvement of contraceptive compliance and the correct use of the mass media.

Other presentations held during the Seminar were:

- *Medical issues related to adolescent pregnancy* (M.O. Silva, Portugal)
- *Adolescent parenting* (A. Guedes, Portugal)
- *An overview of adolescent contraceptive methods* (V. Bruni, Italy)
- *Social factors related to the occurrence of pregnancy and induced abortion in adolescents: an analysis in five industrialized countries* (N. Bajos, France)
- *Emergency contraception for adolescents* (E. Aubény, France)
- *Medico-legal aspects of abortion in Europe* (B. Pinter, Slovenia).

All of these presentations were of a high standard. We hope that the authors will

present their manuscripts for publication in the ESC Journal or in the ESC Newsletter. Abstracts are available from the ESC office in Brussels. We also expect the Chairmen of the Workshops to send us the conclusions from the six Workshops held on different topics related to the subject.

During the second day of the Seminar, the Portuguese continued to be very active and presented a number of reports in their own language. Abstracts from these presentations are available from D. Rebelo.

Again, we can look upon a successful and well-organized Seminar. We wish to thank all those who have been involved in its organization, not to forget the lovely dinner during the evening preceding the Seminar.

Dirk Wildemeersch
Editor

Taking up the challenge

*Can long-term intrauterine contraceptive methods further reduce the number of unintended pregnancies?**

D. Wildemeersch

In his remarkable article entitled: '*Contraceptive prevalence, reproductive health and our common future*', published in 1990¹, Diczfalussy wrote: 'The 1980s will go into history as a decade of lost opportunities to increase contraceptive prevalence and improve reproductive health worldwide. As the decade closes, 500 million couples still have no access to fertility regulation, there are 30–50 million induced abortions each year, 15 million infant and child deaths (30% of all deaths worldwide), an estimated 250 million new cases of sexually transmitted diseases and 60–80 million infertile couples.' Over the last 10 years, the world has changed considerably. In many respects, the situation is far worse than 10 years ago. The UN estimated recently that the population is growing by about 78 million per year. In certain regions of the world, mainly sub-Saharan Africa, fertility declines are lagging behind. Almost all population growth is in the developing world and about three-quarters is urban. As cities grow ever larger, their impact on the environment grows exponentially. A shift to modern and effective methods is needed to ensure contraceptive security to women and

couples who genuinely want to plan their family. In countries where contraceptive use is very low and fertility levels are both very high and have not yet started to decline, it seems urgent to assign to the delivery of effective family planning services the high priority it deserves².

A major problem is the increasing number of pregnancies in adolescent women. Recent population studies have established the alarming increase of teenage pregnancies world-wide. We are facing the largest-ever generation of young people entering adulthood. Millions of women begin their childbearing in their teens, mostly out of marriage. Earlier sexual maturity, pre-marital sex, later marriage and urban expansion contribute to the explosion of teenage pregnancy rates. The problem is huge since the majority of these pregnancies are unplanned and unintended. Some figures speak for themselves: more than 50% of pregnancies in the USA are unplanned; half of them (1.4 million per year) end in termination of which over 50% are in women younger than 25 years of age and 22% in adolescents. In

Western Europe, the figures are similar; in the UK, France and Italy there are roughly 200 000 abortions yearly and 25% of the women are between 16 and 19 years of age.

Teenage pregnancy is unquestionably a world-wide problem: 58% of all mothers in sub-Saharan Africa are teenagers. A similar situation is seen in the Philippines, Thailand, India, Pakistan, Bangladesh and Central America³. In China, the number of unintended pregnancies and abortions in teenagers has sharply increased during recent years. As many as 4.4 million abortions may be sought by adolescent girls each year. A large numbers of these abortions are clandestine and, therefore, unsafe.

The majority of unintended pregnancies are usually the consequence of lack of access to information and services, unwanted sexual relations, unprotected sex or ineffective use of contraception. The latter can result from providing too few options, inadequate information or unsuitable methods for certain subgroups of teenage women. In spite of the widespread availability of the pill (at least in the Western world) and the significant progress in contraceptive technology which has been made in the past 40 years, there has been no reduction in unintended pregnancies in the past decade. The typical failure rate of the pill is still unacceptably high at 5% due to inconsistent use and discontinuation⁴. Between 40% and 60% of new pill users discontinue the pill during the first year. The average duration of use of the pill in the USA is only 4.8 months. The same phenomenon has been observed in Western Europe where 50% of adolescents stop using the pill after 3 months. It seems extremely hard for very young women to use the method correctly and consistently. It follows that contraceptive method failure rates, for methods that depend on user compliance, may be calculated incorrectly and be reported lower than reality.

It is clear that methods that are dependent on memory and motivation, such as the pill, are not the ideal solution in the younger age groups. The ineffectiveness of oral contraceptive pills and barrier methods of contraception has been demonstrated in a study conducted in the UK⁵. For years, 'the pill' has been synonymous with contraception. This has regrettably helped to maintain ignorance of any alternatives beyond condoms and sterilization, although acceptable alternatives have demonstrated their superior effectiveness. With injectables, implants and IUDs, the inherent efficacy is so high, and proper and consistent use is almost guaranteed, that studies invariably demonstrate extremely low pregnancy rates. In a comparative study in 100 postpartum adolescents of whom 50 selected the pill and 50 an implantable method (Norplant[®]), one young mother in the Norplant group and 19 in the pill group became pregnant during the first postpartum year⁶. It appears that the most effective method for an individual woman or couple is a method that minimizes the risk of imperfect use⁷. In women using a method inconsistently, the cumulative risk of pregnancy during their lifetime is high. An annual probability of pregnancy of 3% implies a 26% probability of pregnancy over 10 years.

What can be done? One of the great obstacles to preventing unplanned pregnancy is the lack of access to more effective methods of contraception. We urgently need effective and affordable methods on a large scale that can be forgotten once initiated, and are usable as a 'first-line' by adolescents⁸. Long-acting injectables, implants, IUDs and hormone-releasing intrauterine systems are methods that point the way forward, even if it takes time to learn how to insert them. A major advantage of long-acting hormonal methods is that they eliminate the need for specific action at the time of coitus such as putting on a condom, or for daily action, such as the pill. They offer discretion and privacy. Unfortunately, some of them also have disadvantages because they disrupt the menstrual cycle causing breakthrough bleeding, amenorrhea or, occasionally, heavier bleeding. They can also cause systemic hormonal side-effects. Intrauterine devices and intrauterine systems are particularly attractive as they have the advantage of acting locally, avoiding systemic effects. They have less impact on menstrual pattern after the first few months and, when low-dose levonorgestrel intrauterine systems are used, they are less likely to cause initial spotting, amenorrhea and hormonal side-effects. New developments in intrauterine technology are providing smaller frameless devices and devices that combine the features of a frameless copper device with a levonorgestrel system. They may be ideal for use in younger women because they are small, effective and well tolerated. Unlike the pill, they are genuinely 'fit-and-forget'. In use, they are much more effective than pills in this age group and, moreover, they are long acting and reversible. Thus, the reward is substantial. However, copper intrauterine devices do not offer protection against sexually transmitted infections (STIs) and, therefore, they are not always the method of first choice for teenagers. Such a protective effect has been observed with hormone-releasing intrauterine devices in women aged 25 and under although this finding has not been confirmed in other studies⁹. Nevertheless, in the current situation, they should be offered more frequently as first- or second-line methods, in combination with condoms if required, particularly after the first unintended pregnancy has occurred.

The World Health Organization (WHO) supports the use of appropriate intrauterine methods in young women and suggests that the benefits of intrauterine contraceptives generally outweigh the risks in women of any age, whether or not they have had children. In addition, WHO approves the use of these methods in women under 20 years of age, provided that they are at low risk of sexually transmitted infections. A recent re-assessment of the risk of pelvic inflammatory disease attributable to an intrauterine device suggested that the estimated risk was low, only 0.15, even in regions where the prevalence of STIs is high¹⁰. Furthermore, recent clinical evidence has shown that previous use of a copper IUD is not associated with an increased risk of tubal occlusion among nulligravid women¹¹.

Drug delivery systems that impact on the cervix could reduce the potential for upper genital tract infection further. This

could be a task for future generations of scientists – to focus on contraceptive developments that will also provide solutions to the ever-increasing problem of sexual transmission of infection. In the meantime, using two methods at once reduces the probability of pregnancy significantly while adding protection from disease transmission.

All couples should be able to consider, without coercion, the responsibilities that attach to the creation of a child; they should have access to effective, affordable and trouble-free means to prevent the conception of unwanted children and they should retain the ability to restore normal fertility and have children when they are ready and able to care for them.

Whether or not we will be able to make progress and reach our objectives will depend largely on non-scientific factors. National decision-makers should realize that contraceptive prevalence represents the key, not only to improved reproductive and environmental health, but also to demographic and economic development.

Competing interest: Dirk Wildemeersch is a Belgian gynecologist and Medical Director of Control Research. Control develops intrauterine delivery systems and co-operates with organizations in less-developed countries to help reduce unintended pregnancies and induced abortions.

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* This article is an adaptation from a recent Editorial published by the *Journal of Family Planning & Reproductive Health Care* 2001;27:121–2 (with permission).

The European Journal of Contraception & Reproductive Health Care

The Official Journal of the European Society of Contraception



EDITOR-IN-CHIEF: G. Creatas

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The Journal publishes original peer-reviewed research papers as well as review papers and other appropriate educational material. The Editors welcome submissions from members of The European Society of Contraception and from non-members anywhere in the world.

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Richmond House, White Cross, South Road,
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Members of the Society receive the Journal automatically, since the Journal subscription is included within their membership fee.

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The European Society of Contraception welcomes all professionals, doctors and non-doctors, effectively working within the field of contraception and reproductive and sexual health in Europe. Persons outside Europe may become Associate members.

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Membership includes subscription to the Official Journal of the Society, *The European Journal of Contraception and Reproductive Health Care*, and delivery of the quarterly Newsletter, free attendance at the seminars and workshops, as well as a preferential registration fee for the ESC Congresses.

ANNOUNCEMENT

Readers of the ESC Newsletter are invited to send letters expressing their opinions and to submit articles about topics of interest in their own countries for inclusion in future newsletters.

Articles should be sent to the Chief Editor,
Dr D. Wildemeersch.

THE PRESIDENT, THE EXECUTIVE COMMITTEE, THE BOARD OF DIRECTORS

and

THE MEMBERS OF THE EUROPEAN SOCIETY OF CONTRACEPTION

acknowledge and congratulate

Dr Elisabeth AUBENY

for her nomination (in France) as

« *Chevalier dans l'Ordre National de la Légion d'Honneur* »

The inauguration ceremony took place in Paris on December 21, 2001

The 'Légion d'Honneur' is the highest French decoration. Dr Aubeny has been nominated thanks to her remarkable work helping women with contraception and voluntary pregnancy interruption.