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# Newsletter

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## Contents of this issue:

- Message from the new president
- Reproductive health in Hungary
- Selected practice recommendations update WHO
- Q&A
- Facts & Figures, News

## MESSAGE FROM THE NEW ESC PRESIDENT, DR. DAVID CIBULA, CZECH REPUBLIC

Dear ESC members,  
Dear colleagues,

Hopefully you enjoyed the 8th ESC congress in Edinburgh. I believe that the feeling of satisfaction of most of the attendees is pretty similar to mine. We managed to organise a brilliant meeting: highest attendance in ESC history reaching over 1.500 participants, smooth organization, complex (holistic) scientific programme without weaknesses, charming Scottish city of Edinburgh. All together we welcomed 34 plenary lectures and the highest numbers of submitted abstracts ever (7th congress in Genova: 179, vs Edinburgh: 279). The scientific recognition of the ESC is undoubtedly growing. A long list of names contributed significantly to this successful meeting, but the highest credit goes to a few people who should be listed here: Prof. John Newton and Dr. Sarah Randall (Local Organising Committee), Prof. S. Skouby (Scientific Committee), and Peter Erard, Ria Maes & Ann Watzet (ESC Central Office).

However, this message should not be a praise to the past, but rather a practical guide for the future. Allow me to summarize topics which, I believe, are interesting and important to you – members of the ESC:

- **Congress 2008.** I am proud to announce that the city chosen to hold the 10th ESC congress in 2008 is Prague. Although only 11 Czech members were present at the General Assembly in Edinburgh, Prague was chosen by the majority of the attendees.
- **Bids for the congress 2010.** In two years time, a new venue will be chosen for the 11th ESC congress in 2010. Each country is welcome to submit a bid. All requirements and application forms are available, on request, from the ESC Central Office.

- **ESC website.** We are very pleased that our website is becoming a regular and integral part of the daily life of the Society. At the beginning of 2004 we reached an average of more than 4.600 monthly visits, with a peak of more than 11.000 monthly visits in March and April, before the start of the 8th congress. Credit goes especially to Rob Beerhuizen, our webmaster. All new information, scientific contributions, feedback from the past congress and more can be easily found there. <http://www.contraception-esc.com>

- **New Executive Committee and Board of Directors.** Although an effort was made to limit the size of the Board, currently the number of members has increased due to the necessity of accepting former mandates. However, this is only a transitory situation and the size will decrease in two years time, during the next congress in Turkey, based on newly approved changes to the Rules. Composition of the new Executive Committee is as follows: Dimitrios Lazaris - Greece (vice-president), Olga Loeber - The Netherlands (secretary general), George Bartfai - Hungary (assistant secretary), Medard Lech - Poland (treasurer), Sinan Ozalp - Turkey (assistant treasurer) and myself as new president. For the composition of the new Board of directors, I invite you to visit the ESC website (go to 'About ESC') where all the names are listed. We warmly welcome Dr. Riris, representing Cyprus, a new country on the Board.

- **Seminar.** Due to safety reasons the venue of the 8th ESC seminar in 2005 was relocated from Israel to Poland. We greatly appreciate that Medard Lech was willing to take on this responsibility. I would highly recommend you to consider your participation. The two seminars I attended in Coimbra and Budapest were both exceptional experiences, held in a special atmosphere, focusing on one topic only, and giving emphasis to fruitful discussions. All details will be soon presented on our website.

- **Next congress in Turkey.** Although the UK congress finished recently, it is appropriate to already insert the dates of the 9th ESC Congress in your diaries: 3 to 6 May 2006, Istanbul, Turkey. Remember: if you want to present a new paper there, it is time to start collecting data!

- **Granted projects.** Each ESC member is invited to apply for financial support from the Society. The procedure is described in the Rules of Procedures (to be found on our website) and application forms are available on request from the ESC Central Office.

- **Statutes and Rules of Procedures.** A current version of the official Rules of

the Society, with many changes implemented, is available on our website. I wish to use this opportunity to express my thanks to the Executive Committee, the members of the Board and all participants of the General Assembly in Edinburgh for their excellent co-operation on the proposed changes. You are more than welcome to visit our rules in case you are uncertain about guidelines about practical situations, as for example how to apply for a grant, how to raise a bid for a seminar or congress, etc. Without your interest our struggle to make the Rules clear and updated will not become a part of daily life.

In conclusion: I strongly believe that the ESC is on the right path to be a significant and recognized Society in the field of contraception in Europe. We (the Executive Committee and the Board) shall do our best to offer you even more opportunities to actively participate in scientific, social and educational activities of the Society. As the newly elected president, I am honoured to contribute to this effort.

David Cibula

## CONTRIBUTION TO THIS NEWSLETTER

### Reproductive Health in Hungary, by Prof. Istvan Batar

The current state of reproductive health (RH) is very contradictory in Hungary nowadays. The reasons are political, economical and behavioral. Nearly fifteen years after the fall of the iron curtain, and even now that we are members of the European Union, one can ironically state that the former "socialist" regime was more pro "family planning" as it was called in those days, than any government since 1990 has been for "reproductive health" as it is now called (political factor).

At the latest ESC Seminar held in Budapest last September, a special Hungarian session dealt with the country's RH-related questions, and the conclusions identified the following.

#### Contraception

Compared to international (even western) data, the Hungarian contraception rate is considered good: according to cross-sectional investigations, between 1958 and 1993, it increased from 59% to 73% among women of fertile age living in wedlock. However, the figure (72%) has not changed since 1977. Longitudinal studies on marriage conducted between 1988 and 2001 yielded somewhat better results: the proportion of women relying on contraception 6 and 16 years after getting married in one study, and 10

years following marriage in another one was 67%, 68% and 73% in 1989, 1990 and 2001, respectively. However, it should be mentioned that there are no fresh cross-sectional data concerning the past ten years, and we are also lacking regular studies, repeated at least every 5-10 years, which cover the whole fertile population (including single women as well).

Hungary has played a pioneering part in emergency contraception as, for over twenty years now, we have had a lot of experience with Postinor (known as Rigesoft today), a drug containing levonorgestrel (LNG) and produced by a Hungarian pharmaceutical company Richter. However, many countries (especially the western ones) have overtaken us in everyday practice. Other countries have greater usage rates which are closely associated with the approach of doctors, pharmacists and the lay public alike. More and more (western) countries have provided over-the-counter (OTC) access to these preparations, which is not the case in Hungary.

Practically all forms of contraceptives are available, but owing to steadily rising prices many find them inaccessible (economical factor). This is especially true of the young population. The National Health Insurance (NHI) has not subsidized any type of contraceptives since 1993, and people have to pay full price for pills, IUDs and even for sterilization.

## Abortion

Despite the high contraception rate, and in the view of all of the parameters, the proportion of induced abortions is unacceptably high in Hungary. On the one hand, lack of information on the appropriate use of contraceptives plays a role in high abortion rates (behavioral factor: the method is known but applied inconsequently, or less effective methods are used). On the other hand, the high price of contraceptives is also a powerful limiting factor.

Vacuum aspiration is the main form of induced abortion up to 12 weeks of gestation under general anesthesia. Mini suction ("menstrual regulation") is used only in selected, mostly university centers. "Medical abortion" with Mifepristone (RU486) is not available in Hungary. A few years ago, attempts were made to present the method in the Journal of Hungarian Gynecologists but soon after that, still in the phase of preparation, we had to give up the idea – and not for professional reasons.

There is a network (Family Protection Service = FPS) run by specially trained nurses where a woman seeking an abortion has to attend. This two-session discussion (pre-abortion counselling) is

compulsory before surgery. The first session is conducted anonymously. Following this, there is a 3-day waiting (thinking/decision) period. After that the nurse records the case, and completes the strict administrative procedures set by law in the second session. The abortion can then be performed even on the same day.

The abortion cost (approximately Euro 100) are not covered by the national health insurance (unless the reason is medical). However, the price can be reduced by 50%, 70% or 100% according to the woman's social/economical situation. (There is a detailed official list of circumstances based on which the reduced fee is determined by the staff of FPS.)

## Sexually transmitted infections (STI)

All over Europe, the rise in STI incidence has posed a problem. AIDS – fortunately – is not a very serious problem in Hungary as yet. Syphilis and Gonorrhoea are on the rise, but not as much as in the ex-Soviet countries. Special emphasis has recently been given to Chlamydia trachomatis, a disease not frequently identified or treated in Hungary previously. According to surveys based on the latest observations by several centers, its incidence rate is 5.4%. However, screening is often made difficult because of the high costs of detection using up-to-date techniques. Since NHI finances the cheaper but less effective methods of detection, "screened" (but undetected) infections only worsen the situation.

## Sex education

Owing to the above, it is imperative that the lay public is precisely, objectively, responsibly and fully informed (education in family life, information at school, counseling about reproductive health at FP centers/polyclinics, etc.). To achieve that goal, the training and retraining of professionals (teachers, health care workers, and doctors) is required, and the media, as well as the decision-makers (politicians) should be involved in giving publicity to the topic.

Written by István Batár, Associate Professor, Head of Family Planning Center, Dept. Ob/Gyn, University of Debrecen, Hungary

### SELECTED PRACTICE RECOMMENDATIONS, UPDATE WHO - MAY 2004

#### What can a woman do if she misses combined oral contraceptives (COCs)?

UPDATE:

#### For 30-35 mcg ethinylestradiol pills:

#### Missed 1 or 2 active (hormonal) pills:

- She should take an active (hormonal) pill as soon as possible and then continue taking pills daily, one each day.\*
- She does not need any additional contraceptive protection.

#### Missed 3 or more active (hormonal) pills or if she starts a pack 3 or more days late:

- She should take an active (hormonal) pill as soon as possible and then continue taking pills daily, one each day.\*
- She should also use condoms or abstain from sex until she has taken active (hormonal) pills for 7 days in a row.
- If she missed the pills in the third week, she should finish the active (hormonal) pills in her current pack and start a new pack the next day. She should not take the 7 inactive pills.
- If she missed the pills in the first week and had unprotected sex, she may wish to consider the use of emergency contraception.

\* If a woman misses more than 1 active (hormonal) pill, she can take the first missed pill and then either continue taking the rest of the missed pills or discard them to stay on schedule.

Depending on when she remembers that she missed a pill(s), she may take 2 pills on the same day (1 at the moment of remembering, and the other at the regular time) or even at the same time.

#### For 20 mcg or less ethinylestradiol pills:

- If the woman misses 1 active (hormonal) pill, she should follow the guidance above for "Missed 1 or 2 active (hormonal) pills."
- If the woman misses 2 or more active (hormonal) pills or if she starts a pack 2 or more days late, she should follow the guidance above for "Missed 3 or more active (hormonal) pills or if she starts a pack 3 or more days late."

#### For both 30-35 mcg and 20 mcg or less ethinylestradiol pills:

- Missed any inactive (non-hormonal) pills:
- She should discard the missed inactive (non-hormonal) pill(s) and then continue taking pills daily, one each day.

Further reading and literature:  
[http://www.who.int/reproductive-health/publications/spr\\_2/](http://www.who.int/reproductive-health/publications/spr_2/)

Comment from Dr. Olga Loeber, ESC Secretary General:

This news item was really an eye opener to me, because in the Netherlands a different, more strict advice is given. Even one forgotten pill in the first and third week of the pill strip is considered as a (minimal) risk for an ovulation. I would be very interested in the opinion of other colleagues. Is everyone ready to accept these new recommendations?"

## Q & A

In Newsletter 2, Dr. Olga Loeber launched a call for feedback to all readers with regards to the use of misoprostol as premedication for an abortion.

Dr. Christian Fiala advises readers to visit the following website with extensive literature on the subject:

[www.misoprostol.org](http://www.misoprostol.org)

Thank you Dr. Fiala, for your contribution!

## FACTS & FIGURES, NEWS

### One in five British women use sterilization as contraception

Higher than European Average

Research indicates that one in five British women use sterilization as a form of birth control, double the European average. They are either sterilized themselves or their partner has had a vasectomy. A survey of 12,000 women in Britain, France, Germany, Italy and Spain indicated that the average for the five nations was one in ten, in Italy less than one in 100 use sterilization as a form of birth control. The study also found that the average age of sterilization in Britain was 32, two to three years younger than women in other countries. Out of the 2,500 British women interviewed, six out of ten of them felt that they had not been adequately informed of alternative and reversible forms of contraception such as the pill, coil or condoms.

However, the pill is the most common form of contraception used in the UK, 27 per cent of 15-49 year old women take the pill.

A spokesperson from the UK Family Planning Association said that women need to be told of the pros and cons of all forms of contraception.

(Source: The Metro, 28 June 04)

The following 2 news items were read in July 04 on the website of the Int'l Planned Parenthood Federation, [www.ippf.org](http://www.ippf.org), 'news' section:

### US to withhold \$34 million funding for UNFPA

The Bush administration will withhold \$34 million in congressionally approved assistance to the UN Population Fund (UNFPA) because of the fund's connection to China and forced abortions. The State Department said it was convinced the fund helped China manage programmes that involved forced abortions. Secretary of State, Colin Powell said in a letter to Congress that the administration would continue to help women and children around the world

through other programmes.

This was the third year the Bush administration had blocked congressional assistance to UNFPA, despite the results of an investigation carried out two years ago by the State Department, who found no evidence of the funding being linked to coercive abortions.

And Rep. Nita M. Lowey, a Democrat Representative told Associated Press: "The administration has made the shortsighted decision to withhold assistance to all of UNFPA's 136 country programs unless UNFPA withdraws from China or, unbelievably, unless China changes its national laws. His decision will not help Chinese law. It will only hurt the poorest women and children around the world."

Powell told Congress that the administration remains committed to women's reproductive health, as to other health programmes.

The United States is the largest donor of bilateral assistance to help improve the health of women and children and is providing more than \$1.8 billion this year through the US Agency for International Development fund.

Department spokesman Richard Boucher said this includes \$429 million for reproductive health, including family planning.

The Republican-led House Appropriations Committee, meanwhile, has blocked a proposal to spend \$25 million for a family planning programme by the United Nations in Iraq, Afghanistan and four Asian and African countries.

Associated Press reported in Push Journal 16 July 04.

(Source: Push Journal, 16 July 04)

### Guidance on sex advice for young (UK)

Doctors and health professionals have been issued with guidance on how to provide advice on contraception and sexual health to people under 16, reports the BBC online.

The Department of Health guidance highlights the need to establish a rapport with the young person to help them make an informed choice. It replaces existing guidance, issued in 1986 after a case brought by family rights campaigner Victoria Gillick. This established a young person's right to confidential contraceptive advice.

However, it also made it plain that the duty of confidentiality was not absolute, and could be overridden if there was a serious concern about the health, safety or welfare of the young person.

The new guidance does not change the basic thrust of the 1986 version, but it does try to give health professionals clearer guidance on the best way to handle what can be a very delicate

situation.

It says health workers should discuss:

- The emotional and physical implications of sexual activity, including the risks of pregnancy and sexually transmitted infections.

- Whether the relationship is mutually agreed or whether there may be coercion or abuse.

- The benefits of informing their GP and encouraging discussion with a parent or carer. Any refusal should be respected.

- In the case of abortion, where the young woman is competent to consent but cannot be persuaded to involve a parent, every effort should be made to help them find another adult to provide support, for example another family member of specialist youth worker.

- Any additional counselling or support needs.

Read this BBC report in full by clicking on the link below:

<http://news.bbc.co.uk/1/hi/health/3939185.stm>

(Source: BBC News Online, 30 July 04)

## CALL TO THE ESC MEMBERS & COLLEAGUES

We are looking forward receiving your contributions to the upcoming ESC Newsletters.

Mail to:

esccentraloffice@  
contraception-esc.com

## FOR MEMO

8th ESC Seminar 2005, "Sexual education: the key issue of reproductive health", 23-24 September 2005, Warsaw, Poland

9th ESC Congress 2006, "Improving life quality through contraception and reproductive health care", 3-6 May 2006, Istanbul, Turkey

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All Newsletters are also to be found on the website of the Society:

[www.contraception-esc.com](http://www.contraception-esc.com)  
(go to 'News')