European Society of Contraception

9th Seminar of the European Society of Contraception
Best Western Parc Hotel, Bucharest, Romania
21-22 September, 2007

FROM ABORTION TO CONTRACEPTION

Program and Book of Abstracts

ESC Central Office - Opalfeneweg 3 - B-1740 Ternat - Belgium
T +32 2 582 08 52 - F +32 2 582 55 15 - esccentraloffice@contraception-esc.com

PROGRAM

FRIDAY 21 SEPTEMBER 2007

11:00 - 12:30 Registrations - Extended coffee break - Exhibition and poster viewing

SIMULTANEOUS TRANSLATION INTO ROMANIAN/RUSSIAN/ENGLISH

GRAND BALLROOM TERRA

WELCOME & AIMS OF THE SEMINAR

12:30 - 12:50 President of the European Society of Contraception, D. Cibula, (Czech Republic)
Local Seminar Organiser, I. Blidaru (Romenia)
President of the Romanian Associaton of Obstetrics and Gynecology, F. Stamatian (Romenia)

PLENARY SESSION 1: MEDICAL ABORTION: IS IT STILL A METHOD OF FAMILY PLANNING?

Chair: J.- J. Amy (Belgium), Co-chair: E. Aubény (France)

12:50 - 13:10 Medical abortion: a safe and efficient method of abortion in early pregnancy ?
E. Aubeny (France)

13:10 - 13:30 Abortion counselling
J. Bitzer (Switzerland)

13:30 - 13:50 Medical abortion: Romanian experience
C. Anton (Romania)

13:50 - 14:10 Emergency contraception
A. Verougstraete (Belgium)

14:10 - 14:30 Discussion

GRAND BALLROOM TERRA

14:30 - 15:30 **FREE COMMUNICATION SESSION 1 - ABORTION**

Chair: F. Stamatian (Romania), A. Verougstraete (Belgium)

Comparative study of side effects after immediate postabortal insertion of Cooper-T IUD versus interval cases
S.M. Bunescu (Romania)

The evolution of maternal mortality due to abortion in Romania - Retrospective study 1989-2005
F. Stamatian (Romania)

Oral misoprostol before first trimester abortion: a comparative study using three doses and time interval regimens
R. Stanescu (Romania)

Emergency contraception users
Ch. Pivacet (The Netherlands)

ROOM MINCU

14:30 - 15:30 **FREE COMMUNICATION SESSION 2 - EDUCATION ON REPRODUCTIVE HEALTH**

Chair: G. Bartfai (Hungary), Co-chair : G. Banceanu (Romania)

Teenage reproductive health – education is not enough
U. Ollendorff (Norway)

Long acting reversible contraception and teenage pregnancies – the real challenge
S. Sundararaman (United Kingdom)

From research to board game: 'Girls' Choice. Lust and limits in intimacy'.
M. de Neef (The Netherlands)

Contraception in adolescence: needs and expectations
P. Fatima (Portugal)

Cervical Epithelial Cells Abnormalities in IUD Users
I. Blidaru (Romania)

15:30 - 16:00 Coffee break, exhibition and poster viewing

GRAND BALLROOM TERRA

SPONSORED SYMPOSIUM - BAYER SCHERING PHARMA
MODERN CONTRACEPTION, BETWEEN REALITY AND NEEDS

Chair: D. Pelinescu -Onciul (Romania)

16:00 - 16:30 The Romanian reality in contraception
F. Stamatian (Romania)

16:30 - 17:00 Myhts and prejudice about contraception
M. Sillem (Germany)

17:00 - 17:30 Modern solution to contraception, Yasmin and Mirena
D. Pelinescu-Onciul (Romania)

GRAND BALLROOM TERRA

17:30 - 18:30 **WORKSHOP 1 - EXELGYN**
MEDICAL ABORTION IN EUROPEAN COUNTRIES IN 2007

Chair: N. Crisan (Romania)

17:30 - 17:50 New European Recommendations for medical abortion
C. Fiala (Austria)

17:50 - 18:10 Home use medical abortion: the French experience
E. Aubény (France)

18:10 - 18:30 Comparison between UK and CR services for Early abortion
T. Masarikova (Czech Rep)

ROOM MINCU

17:30 - 18:30 **WORKSHOP 2 - SEXUALITY IN YOUR OFFICE**

Chairs: O. Loeber (The Netherlands) - B. Pinter (Slovenia)

Seminar dinner (optional, reservations only!)
Supported by Bayer Schering Pharma

19:20 We meet at the entrance of the Best Western Parc Hotel
19:30 Busses are leaving to the Restaurant of 'Cercul Militar National' (Military Museum)

SATURDAY 22 SEPTEMBER 2007

08:00 - 08:30 Exhibition and poster viewing

GRAND BALLROOM TERRA

PLENARY SESSION 2 - NEW ACHIEVEMENTS IN CONTRACEPTION

Chair: D. Lazaris (Greece), Co-chair : F. Pricop (Romania)

08:30 - 08:50 The evolution of the hormonal contraception in the last two decades
D. Nanu (Romania)

08:50 - 09:10 New achievements in IUD's
I. Batar (Hungary)

09:10 - 09:30 Male and female sterilization
R. Beerthuizen (The Netherlands)

09:30 - 10:00 Discussion

10:00 - 10:30 Coffee Break, Exhibition and poster viewing

GRAND BALLROOM TERRA

10:30 - 11:30 **WORKSHOP 3 - HOW TO MOVE FROM ABORTION TO CONTRACEPTION?**

Chairs: O. Graham (UK), B. Marinescu (Romania)

ROOM MINCU

10:30 - 11:30 **FORUM: SEXUAL EDUCATION, YOUTH AND MEDIA**

Chairs: S. van der Doef (The Netherlands) - O. Loeber (The Netherlands) - B. Koo (Romania)

GRAND BALLROOM TERRA

11:30 - 12:30 **FREE COMMUNICATION SESSION 3 - HORMONAL CONTRACEPTION**

Chair : R. Beerthuizen (The Netherlands)
Co-chair : I. Blidaru (Romania) - M. Lech (Poland)

The efficacy and acceptability of combined oral contraceptive Marvelon® in extended regimen
V. Yaglov (Russia)

Levonorgestrel-Releasing Intrauterine System Used In Meno-metrorrhagia Associated with Uterine Leiomyoma
I. Blidaru (Romania)

Accidentally vesicular placement of the NuvaRing®
C. Tresselt (Switzerland)

Serbia and Romania: Differences in attitudes regarding hormonal contraception
K. Sedlecki (Serbia)

12:30 - 12:45 **BEST POSTER SESSION**

Chair : R. Beerthuizen (The Netherlands)
Co-chair : I. Blidaru (Romania) - M. Lech (Poland) - D. Serfaty (France)

12:45 - 13:45 Lunch, exhibition and poster viewing

ROOM MINCU

PLENARY SESSION 3 - SUMMARY OF THE SEMINAR: FROM ABORTION TO CONTRACEPTION

Chair: D. Cibula (Czech Republic)
Co-chair : I. Blidaru (Romania)

13:45 - 13:55 Report workshop 1
C. Fiala (Austria)

13:55 - 14:05 Report workshop 2
O. Loeber (The Netherlands)

14:05 - 14:15 Report workshop 3
O. Graham (UK)

14:15 - 14:25 Report on the forum
S. van der Doef (The Netherlands)

14:25 - 15:10 Discussion

15:10 - 15:40 Summary Lecture
J.-J. Amy (Belgium)

15:40 - 15:50 Closing remarks
S. Özalp (Turkey)

• ABSTRACTS OF THE PLENARY SESSIONS •

PLENARY SESSION 1

Medical abortion: a safe and effective method of abortion in early pregnancy?

E. Aubény, gynaecologist, Paris, FIAPAC

Medical termination of pregnancy using mifepristone plus prostaglandin pregnancy with mifepristone and prostaglandin was first authorized in 1988 (19 years). Marketing authorisation has been granted on two occasions. The first was for termination up to 49 days of amenorrhoea: 600 mg of mifepristone followed 36 to 48 hours later by 400 mg of oral misoprostol. This regime sanctioned by the European Medicines Agency in 2007 (EMEA) has a success rate of 95.4% with 1.5% of continuing pregnancies, 2.8% of incomplete expulsion, 0.3% need for haemostatic procedure. More than 1,500,000 procedures have been carried out (1,000,000 in France) without major problems. The second authorisation, which was authorized in UK in 1991 and Sweden in 1992, was recently extended to other countries having already authorization for abortion until 49 D.A. It allows termination up to 63 days of amenorrhoea using 600 mg (or 200mg) of mifepristone plus 1 mg gemeprost. This is effective in 95 % of cases. No serious side effects have been seen. Per-vaginal use of misoprostol had been suggested in order to increase effectiveness but this is no longer recommended. There have been rare fatalities associated with use of medical abortion, although it has not been possible to assign clear causality. In summary, using currently approved methods medical termination in early pregnancy is highly effective and well tolerated with rates of success and complications not significantly different to that of surgical termination, so long as the prescribing recommendations are followed.

Abortion counselling

J. Bitzer, Dep Obstetrics and Gynecology University, Switzerland

Since 2001 Switzerland has a new law concerning abortion which gives the choice and decision to terminate the pregnancy during the first 12 weeks to the pregnant woman ("Fristenregelung") including the obligation for the physician performing the abortion to "counsel" the woman. Communication and counseling before, during and after abortion should be oriented along the four bioethical principles. Respect of autonomy, non maleficience, beneficience and justice. Respect of autonomy in the context of abortion counselling demands that the physician listens actively to understand the woman's wishes and fears, her concerns and her values. Non maleficience means that the physician should be as sure as possible that the abortion is not doing harm to the physical and mental health of the woman. This implies that the physician must ascertain that the woman is not taking the decision to terminate under pressure or in a state of acute emotional crisis which would increase the risk of regret and longterm sequelae. It implies also that the woman has had the opportunity with all the information she needs to balance the pros and cons of continuing with the pregnancy or termination. Beneficience as a principle aims to promote the reproductive and sexual health of the woman. In the context of abortion counselling this means that the physician should try to help the patient to prevent unwanted pregnancies in the future by helping her to understand the circumstances and conditions that caused the actual situation and by discussing the future (contraception, behavioural change). Justice as a principle means that this approach should be offered to all women, independent of their sociocultural background. We have developed a stepwise approach and manual for counselling which tries to correspond to these demands.

Medical abortion: Romanian experience

C. Anton, Romania

Abstract not available at the time of printing

Emergency contraception
A. Verougstraete, Gynaecologist, Brussels, Belgium
Sjerp-Dilemma: Family Planning & Abortion Centre: Vrije Universiteit Brussel (VUB)
Hôpital Erasme: Université Libre De Bruxelles (ULB)

Cupper-IUD is the most effective emergency contraception. It can be fitted up to 5 days after unprotected intercourse or within 12 days of the beginning of menses.
Levonorgestrel 1,5 mg in one dose has become the reference emergency contraception. It will prevent 80% of pregnancies (not 100%!). It works mainly in the pre-ovulatory period by influencing migration and function of sperm cells and by perturbation or postponing ovulation. As the post-fertilization effect is probably inexistent or negligible, it has no abortive effect.
Women need to know they should take emergency contraception as soon as possible (within 72h of unprotected sex; at the latest after 5 days) and that the rest of that cycle is not protected. Immediate start of combined oral contraception (instead of waiting for next menses), with aditional protection for the next 7 days, would improve results. Women using EC should be encouraged to be tested for sexual transmitted infections (if at risk).
A growing number of countries have made EC pills available over the counter (OTC), as there are no health risks and as the need for a medical prescription causes delay and discourages its use. Emergency contraception OTC is an individual right of women to prevent an unwanted pregnancy and reduce her need for an abortion.
Still a lot of work needs to be done to convince women in the fertile age group to use EC when they have unprotected sex, and to improve awareness concerning the risks of conception.

PLENARY SESSION 2

The evolution of the hormonal contraception in the last two decades
D. Nanu, Romania

Abstract not available at the time of printing

New achievements in IUD's
I. Batar, Debrecen, Hungary

Although this "modern" method of contraception has a 100-year old history, 1) research continues to clear not-yet-answered questions; 2) based on the results of the studies new guidances are formulated both for users and for providers; 3) new intrauterine devices (IUDs) are created, and following successful clinical trials, introduced to the everyday practice. This means that the development is still going on even in the 21st century.
Research has been done to further study the relationship between IUD use and pelvic inflammatory disease (PID), sexually transmitted infections (STIs) and HIV/AIDS. The possible use of IUDs among young women, nulliparae and nulligravidae was clinically evaluated. Trials to justify new indications (emergency contraception [EC], non-contraceptive use of IUDs) were also successfully conducted.
New guidances were formulated by leading organizations and institutions based on the outcome of studies. The new statements include, among others, the following: the risk of PID among IUD users is slight; physical examination and client self-assessment can help detect cervical infections; women with HIV-related conditions generally can use IUDs; frequent scheduled follow-up visits provides little additional benefit in detecting asymptomatic conditions; IUDs last longer than their current approved life span; IUDs can be used for EC and as carriers for medications to further perfect the contraceptive effect, decrease possible side effects or unwanted events and control non-contraception related uterine pathologies (irregular bleedings, fibroids, etc).
Innovations: Development is done in three areas: 1) levonorgestrel-releasing intrauterine systems flexible, 2) frameless intrauterine implants, and 3) metal alloy-containing intrauterine devices.
Partly relying on the author's own clinical experience and based on the scientific papers of recent years, the speaker reviews the present state of intrauterine contraception and possibilities of development.

Male and female sterilization

R.J.C.M.Beerthuizen, gynaecologist, The Netherlands

Introduction: Sterilization is the most widely used method of irreversible contraception worldwide. Approximately 180 million women and 42 million men are using this method of family planning[1]. In less developed countries the prevalence of female sterilization is 22% compared to 11% in more developed countries. The prevalence of male sterilization is 4% in less developed countries compared to 6% in more developed countries[2].

Methods of sterilization: Female sterilization is usually an intra-abdominal surgical procedure. Both Fallopian tubes are blocked either by ligation, coagulation, suturing or application of rings or clips, mostly by laparoscopy under general anaesthesia. Short stay hospitalization is required.

Recently developed hysteroscopic procedures like the Essure®, Adana® and Ovabloc® methods can be performed in an outpatient setting under local anaesthesia.

The method of choice for male sterilization is the no-scalpel vasectomy in an outpatient setting also under local anaesthesia.

Efficacy: The efficacy of all methods is high, but varies depending of the skills and experience of the surgeon. In the case of failure after tubal occlusion, ectopic pregnancy must be considered.

The efficacy of alternative longterm –reversible- methods such as the subdermal implant Implanon®, the intrauterine system Mirena® and the intrauterine copper implant Gynefix® is comparable to the efficacy of sterilization (table).

Fears and facts: There are many myths and fears especially concerning male sterilization. These include associations with atherosclerosis, osteoporosis, cancer of the testis, prostatic cancer and impotence. None of these fears are real.

method	cumulative percentage of pregnancies after 10 years[3]	
	overall	ectopic
Bipolar coagulation	2,48	1,71
Unipolar coagulation	0,75	0,18
Faloperings	1,77	0,73
Filshieclips	0,2-0,3	?
Hulkaclips	3,65	0,85
Pomeroy	2,01	0,75
Postpartum part.salpingectomy	0,75	0,15
Essure®	0,128 (5 yrs)	
Adana® /Ovabloc®	0,4-2,6	
Vasectomy	0,1-0,5	
	Pearl Index	
Implanon®	0-0,3	
Mirena®	0,1-0,2	
Gynefix®	0,2-0,5	

Table: efficacy of sterilization and alternatives

The complication rate of intra-abdominal female sterilization is much higher than the complication rate of the simple outpatient procedure of male sterilization. Fatal complications occur in 1,7-4/100.000 in female sterilization versus zero in male sterilization. Complications after hysteroscopic female sterilization are rare and restricted to incorrect placement of the intra tubal devices.

Legislation

Several European countries are violating the basic human rights in freedom of choice of the method of contraception as it is stated in the Programme of Action of the UN International Conference on Population and Development: 'couples and individuals must be enabled to decide freely and responsibly the number and spacing of their children, to have the information and means to do so, to ensure informed choices and to make available a full range of safe and effective methods'.

In some European countries sterilization remains an illegal procedure except for sterilization for strictly medical reasons and in several European countries there are a number of legal restrictions such as age and number of children. In other countries sterilization is a basic human right, where the only factor is the wish of the patient.

Guidelines

The Royal College of Obstetricians and Gynaecologists published an excellent evidence-based clinical guideline on male and female sterilization[4].

References

1. Contraceptive Sterilization: Global Issues and Trends, ®2002 Engenderhealth www.engenderhealth.org
2. Population Reference Bureau, Family Planning Worldwide 2002
3. Peterson HB, Xia Z, Hughes JM, Wilcox LS, Tylor LR, Trussell J. The risk of pregnancy after tubal sterilization: Findings from the US Collaborative Review of Sterilization. Am J Obstet Gynecol 1996;174:1161-70
4. http://www.rcog.org.uk/index.asp?PageID=699

• Working plans of the Workshops •

WORKSHOP 1: MEDICAL ABORTION IN EUROPEAN COUNTRIES IN 2007 • SPONSORED BY EXELGYN

New European Recommendations for medical abortion

Christian Fiala, MD, PhD
Gynmed Clinic, Vienna, christian.fiala@aon.at

Introduction of medical abortion has improved the health status of women and increased their reproductive choices. Mifepristone was approved already in 1988 in France under the brand name of Mifegyne®. This so called "abortion pill" has since been approved in most West-European countries and is being used by around 50% of women who have a free choice and even more in some countries like Sweden. Over the last 2 years, EMEA, the European Medicines Agency has re-evaluated the approval of mifepristone for medical abortion. This procedure was recently concluded. As a result of the re-evaluation, the national approvals in the EU are expected to be adapted within the next months.

The most important details of the revised approval are:

- The extension of the gestational age up to 63 days of amenorrhea. (Mifepristone has already been approved up to a gestational age limit of 63 days in the UK, Sweden and Norway since 1991, 1992 and 2000 respectively.)
- Unchanged is the approved regimen with 600mg up to 49 days of amenorrhea in combination with oral misoprostol 400mcg. A reduced dosage of mifepristone in combination with oral misoprostol is not recommended.
- The dose of mifepristone can be reduced to 200mg in combination with 1mg of gemeprost (vaginally) for pregnancies up to 63 days of amenorrhea.

The press release of EMEA on this topic can be downloaded at: www.emea.eu.int/pdfs/human/press/pr/13270607en.pdf

Home use of medical abortion: the French experience

E. Aubény, gynaecologist, Fiapac, Paris – France

Medical termination of pregnancy before 49 days of amenorrhoea using mifepristone 600 mg and oral misoprostol 400 mg has been authorised in France since 1989. This procedure was allowed only in a public or private hospital setting and over the past 15 years 1,500,000 terminations have been carried out, in France without major problems. Hospital experience indicated that there was no medical reason to maintain medical supervision for 3 hours after oral administration of misoprostol. Thus, since 2004, medical termination at less than 49 days amenorrhoea has been permitted in out-patient practice. Certain conditions must be met: the doctor must be either a gynaecologist or a general practitioner who has received training. Both have a signed agreement with a hospital centre which performs terminations. This centre must be committed to accepting patients at all hours and to the training of doctors. The patients must have a period of amenorrhoea of less than 49 days and be capable of getting to a hospital centre within

an hour. The drugs are purchased by the doctor from a pharmacy. The fee for the termination, which includes the cost of consultations and of the drugs, is fixed by the government. Since 2004 more than 25,000 terminations have been performed in this way without any major problem. These terminations are carried out at a very early stage (6 weeks of amenorrhoea) even allowing for the patient to have a period to reflect on the decision. The post-misoprostol phase proceeds well at home provided that the patient has chosen this method after being properly informed. In addition she must have received precise instructions on procedures to be followed if she develops pain or excessive bleeding and she must be able to contact a doctor by telephone at any time. The doctor must be in a position to withhold this form of treatment from women whom he considers unable to follow medical instructions. This method is being chosen more and more frequently by women who value its speed and privacy.

WORKSHOP 2: TALKING ABOUT SEXUALITY IN YOUR OFFICE

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

1. Short introduction on communciation about sexuality and why this can be so difficult
2. Exercise: ask participants the words their mother used when they were little to describe female genitals, later also male genitals and intercourse) the word in their own language + translation into english) + discussion on finding common language.
3. Exercise: carroussel game with cards. Participants have to sit in two circles.
   Discussion on how it felt to talk about sexual matters.
4. Role play: we take a case history: for instance a lady who comes in 4 times in a couple of weeks because she has discharge and you have seen no infection. First have this case discussed with the participants sitting next to you and possibly try to have people do a role play as a professional seeing this lady.
5. Evaluation and take home messages

WORKSHOP 3: HOW TO MOVE FROM ABORTION TO CONTRACEPTION

O. Graham (UK), B. Marinescu (Romania)

- Introduction of moderators/participants
- Situation about abortion in UK and Romania - particularly repeat abortions
- % of repeat abortions in different countries
- Situation regarding abortion and contraception in the last 10 years in Europe
- Cost of contraception Vs abortion
- Any at risk groups for repeat abortion?
- Useful strategies to reduce repeat abortion
- When is the best time to approach contraception (at request for abortion, on day of abortion or at follow up?)
- Summary
- Useful websites
  http://www.nice.org.uk/CG030
  http://www.rcog.org.uk/
  http://www.ffprhc.org.uk/
  http://www.who.int/reproductive-health/publications/mec/index.htm

• Sattelite Symposium, BAYER SCHERING PHARMA •

The Romanian Reality in Contraception

F. Stamatian, The University of Medicine and Pharmacy, Cluj Napoca, Romania

Romania, an South Eastern Country, has a population of 21,6 million people, the whole female population is 11,1 million and the fertile population is 4,7 million women. According to the Gfk Study, 2006, 62 % women are married and the 43% unmarried women have a stable relationship, so about 3,5 mill. women need contraception.
In the mean time 60% of women have already had children and 57% do not want , into the near future, to have another child.
As a "contraceptive method", abortion remains a main way for Romanian women, because 61% of them have 2 or more abortions in their life, and 48% women are not currently using any contraceptive method.
On the contrary, the awareness about contraception, among population, is really high, over 70 %, for the most used contraceptive methods.
The most used contraceptive methods in Romania are oral contraceptives 14%, male condoms 14%, natural methods 9%, withdrawal 8%, intrauterine devices 5%.
The persons who are using contraception have a very high level of satisfaction, over 90% and for exemple 52% of women are using pills for more than one year.
The main reasons for not using pills are: no need for contraception 18%, side effects 14%, weight gain 13%.
In the mean time, doctor is the main contraception provider. The doctor has an important position as a source of information, that's why doctors involved in providing contraception have to show an active attitude towards contraception and to improve the communication barriers during their relation with their clients.

Modern contraceptive methods - Mirena and Yasmin

D. Pelinescu-Onciul, The University of Medicine and Pharmacy, Bucharest, Romania

At the end of the second Millenium, worldwide, about 46 million women have abortions each year. And we have to admit, as professionals, that an unintended pregnancy has personal, social and also economic impact.
So there is still an unmet need for contraception and the medical staff is suppose to personalize the category of contraceptives delivered, related to woman's life style and life stage.
Yasmin and Mirena represents 2 modern contraceptive options.
Yasmin because of its unique features represents the optimal choice for all women with looking for pill with no impact on body weight, avoiding the fluid retention, beneficial effects on mild and moderate acne and seborrhea, and also for women with premenstrual symptoms or syndrome (PMS) due to drospirenone (DRSP). PMS, is already known, that has an important impact on woman's daily functioning and quality of life.
DRSP from Yasmin composition resembles the natural progesterone properties. DRSP is a spironolactone analogue with both antimineralocorticoid and antiandrogenic properties.
Mirena is the ideal contraceptive for women with a need for a convenient and long term contraception, with health benefits in case of heavy menstrual bleedings, avoiding in this way surgery, and the facts related to that (affected quality of life, distress, anemia, days out of work). The effectiveness regarding menorrhagia is about 86% at 3 months and more than 95% at 12 months.
Mirena could be a good option for the lactating women.
Councelling is the crucial point of this product and the doctor's role is really decisive. Councelling have to be done related to the change of the menstrual bleeding type and the presence of spotting during the first 3-6 months of Mirena usage. And on the other hand related to Mirena effectiveness in contraception, the highly effectiveness in reducing blood loss, the well tolerability, convenience, cost-effectiveness and the fertility protection.

Myhts and prejudice about contraception
M. Sillem, Germany

Throughout the history of mankind, procreation in all its aspects has been a main subject of myths. While these myths are part of our cultural heritage, mythical thinking and prejudices become a problem when modern women make choices about their reproductive health on anything less than sound information. Suboptimal contraception due to misunderstandings results in unwanted pregnancies, particularly in young women - with all their deleterious effects to physical, mental and social well-being.
Commonly raised issues are: the pill and breast cancer, thromboembolic complications, interference with the natural cycle, weight gain, decreased libido, skin problems.
As caregivers, we should know the misconceptions, the facts that stand against them, and counsel our patients in a way that enables them to take informed decisions.

• Abstracts of the Free Communications •

FREE COMMUNICATION SESSION 1

Comparative study of side effects after immediate postabortal insertion of Cooper-T IUD versus interval cases
S.M.Bunescu, Clinical Hospital of Obstetrics and Gynaecology "S.Vuia"Arad, Arad, Romania

Insertion of an intrauterine device (IUD) immediately after an abortion has several potential advantages such as:the fact that the woman is known not to be pregnant; the woman's motivation to use contraception may be higher after an induced abortion;the avoidance of the discomfort related to insertion;the fact that any bleeding from the insertion will be disguised by the expected bleeding after abortion.However, insertion of an IUD immediately after a pregnancy ends carries potential risks as well,as the risk of spontaneous expulsion and perforation due to recent cervical dilatation, softness and enlargement of the uterus.
The objectives of this study are to assess the safety and efficacy of Cooper-T IUD insertion immediate after spontaneous or induced abortions compared to unrelated with pregnancy IUD insertion. It is a follow-up study of two groups A and B carried out between 2001-2006.In group A were included 320 cases of immediate insertion of Cooper-T IUD after induced or spontaneous first trimester abortion. In group B were included 580 cases of unrelated with pregnancy Cooper-T IUD insertion. Most of insertions involved women in the 20-30 years age group. All women were followed up at 1,3,6,12 and 24 month after insertion. Main outcome measures were the rates of:perforation,expulsion,menstrual complaints,pelvic inflammatory disease,contraceptive failure and discontinuation of the contraceptive method.
In this study no perforation was noted in both groups. At one year the gross cumulative expulsion rate was 4% in group A and 2,8% in group B. Increasing gestational age at insertion was associated with increased expulsion rates. The pregnancy rate was 0,18% in group B and no pregnancy was noted in group A. The menstrual complaints were more prevalent in the first 3 month after insertion, being more frequently found in group B cases. Menorrhagia was reported by 5% of women in the post abortion insertion group and by 5,5% of those in the interval insertion group after 1 month and by 3,43% and 4,65%, respectively, after 3 month; thereafter its incidence remains greater in the interval group. Dysmenorrhea was experienced by 10% of postabortal insertion cases and 7% of interval cases at 1 month and by 6,8% and 4,5%, respectively, at 3 month, at which point it, too, decreased. Women from group A reported more lower abdominal pain and back ache in the first 3 month, presumably because of the operative trauma and chance of pelvic inflammation. The removal rate was 7,5% in group A and 11,2% in group B. The requests for removal were due to the discomfort with menstrual disturbances (1,25% in group A and 9,5% in group B at 2 years) and to the desire for pregnancy.
Postabortal Cooper-T IUD insertion is safe and effective for both induced and reported "spontaneous" abortions,many of which have been induced under clandestine circumstances.The risks of perforation,pelvic inflammatory disease and contraceptive failure were low and similar to those reported for interval insertion.Immediate insertion may have a higher expulsion rate than delayed insertion.However this risk may be outweighed by the benefit of immediate contraception.

The evolution of maternal mortality due to abortion in Romania - Retrospective study 1989-2005

F. Stamatian, Tunde Kovacs, A Rosca
1-St Dept of Obstetrics and Gynecology, University of Medicine "Iuliu Hatieganu", Cluj Napoca, Romania

The maternal mortality (MM) is a reality everywhere in the world and is usually one of more illustrative indicators of the quality of obstetrical assistance. The maternal mortality ratio (MMR) reported at 100.000 live born children has different values in European countries – 2 in Sweden, 8 in Germany, 17 in France, 49 in Romania and67 in Russia.
This is a retrospective study of MM due to abortion in Romania, between 1989 and 2005
Material and method: We used the annual reproductive health reports of Health Ministry and Medical Statistic Institute of Romania and WHO reports
Results and discussion: As general view the MM is sharply decreasing from 626 cases in 89 to 37 in 2005 (20 times); the MM due to abortion is also decreasing, from 545 cases (87%) in 89 to 15 in 2005 (41%) During this period the MM through Direct Obstetrical Risk is prevalent starting since 97
As major cases of MM due to abortion we find first the unsafe abortion , post – abortum complications, ectopic pregnancy and spontaneous abortion.
Analyzing the MM ratio in Romania, compared to other European countries, we are on 3 -rd position with 30,59 after Russia – 33,57 and Moldova – 30,81 ; as causes of MM we are leaders with deaths caused by abortion -13,8 followed by Lithuania – 10 and Russia – 8,66
Conclusions: As the WHO analyzes shows (Beyond Numbers) the first actions to increase the quality of obstetrical assistance are not financials; a better follow-up of evolution of pregnancy can reduce significantly the maternal mortality with no additional costs. In our study, more then half of deceased cases were not in evidence.
The general MM is evidently decreasing from a year to other and the voluntary abortions also; the Ministry of Health, through reproductive health experts are establishing protocols and standards in the idea of a more safer pregnancy, to reduce the maternal mortality

Oral misoprostol® before first trimester abortion: a comparative study using three doses and time interval regimens

R. Stanescu, L. Dece
Private Center of Obstetrics and Gynecology, Hunedoara, Romania

Objectives: Over the years, a number of effective methods of cervical priming have become available (osmotic dilators, prostaglandins).Recently, misoprostol (a prostaglandin E1 analogue) has been shown to be effective in facilitating cervical dilatation prior to vacuum aspiration. The aim of the study was to determine the optimal dosage and dosing interval for the use of misoprostol, administered orally, for cervical dilatation prior to voluntary medical abortion.
Design & Methods: The study developed between May 2005 – May 2007 in our private center in Hunedoara county, Romania, and 970 pregnant women between 5-12 weeks of gestation opting for voluntary medical abortion were allocated to groups as it follows: 231 multiparous were administered 200 µg misoprostol, 521 nulliparous and multiparous were given 400 µg, and 118 primiparous were given 600 µg misoprostol. Vacuum aspiration was performed one, two or three hours after administration of oral misoprostol. Using Hegar dilators, degree of cervical dilatation before vacuum aspiration was measured. Other parameters assessed included the amount of additional dilatation required, intra-operative blood loss and associated side effects.
Results: In the 200 µg misoprostol group 28% achieved a dilatation of > 7 mm, compared to 72% for the 400 µg group, or 75% for the 600 µg group.The use of 400 µg misoprostol with an evacuation interval of two hours appears to be the optimal dosage and evacuation interval. Increasing the time interval beyond two hours did not confer any additional advantage on the rate of successful cervical dilatation but was instead associated with an increased incidence of side effects such as preoperative vaginal bleeding, abdominal pain and shivering.
Conclusions: Our study has shown that administration of 400 µg of misoprostol at least two hours before procedure is effective for preoperative cervical dilatation before vacuum aspiration in first trimester pregnancy termination. Misoprostrol proved to be an acceptable treatment prior to vacuum aspiration in terms of availability, ease of administration, cost and effectiveness.

Emergency contraception users

Ch. Picavet, L. van Lee & C. Wijsen
Rutgers Nisso Group, Utrecht, The Netherlands

Objective: In the Netherlands, sales of emergency contraceptive (EC) pills have increased with almost 100% since they became available without prescription in January 2005. This increase fuelled the desire to know more about EC users, specifically about their risk profile. The present study aims at understanding the risk profile of the client group, their demographic characteristics, and how they evaluate EC.

Design & Methods: By method of an Internet survey of 380 EC buyers, questions were asked about reason for buying EC, contraceptive use, and evaluation of EC. Furthermore, questions regarding EC were analyzed for a qualitative appraisal of user concerns. These questions were posed by visitors of noodpil.nl, a website about EC, developed and maintained by the Rutgers Nisso Groep for EC users.

Results:

- For 56% of the buyers, their contraceptive method or contraceptive use has failed. One third of the respondents do not use any contraception. In 4% of the cases, EC is taken without need and 6% buy it for possible future use.
- Demographically, EC buyers differ from women having abortions. They are more often white, higher educated and in a long-term relationship. They are also more likely to use contraception.
- Effectiveness and side effects are rated better than EC health risks. The qualitative data show uncertainty about effectiveness, concerns about side effects, particularly irregular bleeding, and practical concerns.

Conclusions:

- For most EC buyers, their contraception failed. However, both for careful and for careless users, timely use of EC appears to be sensible in case of unprotected intercourse.
- Unnecessary EC use and misconceptions about both EC and oral contraception highlight the need for accurate education.

FREE COMMUNICATION SESSION 2

Teenage reproductive health – education is not enough

U. Ollendorff
Norwegian directorate of health and social affairs

Introduction: Since the beginning of the 1990es Norway has carried out several strategic plans to increase the reproductive health among young people and reduce teenage abortions. Until 2002 strategies focused mainly on sexual education. However - good sexual education alone did not give the sufficient results. Use of contraception did not increase significantly and in 2000 the abortion rate among teenagers was the highest in ten years.

Objectives: Development and implementation of a sexual health strategy that focus on empowerment and sexual autonomy - to encourage young people to take control over their fertility and sexual health, and provide the means for them to do it.

Design and Methods: The strategy is based on two main principles: 1. Easy access to good knowledge, contraception and counselling and 2. Gender, age, sexual orientation and cultural setting of the target groups determines the methods used. The strategy includes:

- an open and ongoing dialogue with and between young people on issues of sexuality
- training boys and girls to choose and act with competence in sexual situations
- easy accessible consultation - and contraception services
- gender specific education on sexuality for children and adolescents
- contraception free of charge for young people age 16 – 19

Sexual education in school is obligatory and starts in the fifth grade. Contraception education and -counselling is carried out by the local youth healthcare services. Condoms free of charge are available on young people's local arenas. Hormonal contraception is available free of charge for girls between 16 - 19 years of age, and is prescribed by midwifes and district nurses in the school healthcare- and youth health services. Emergency contraception has been available OTC since 2000. Gender specific information, dialogue based training and counselling is carried out locally, in peer groups, on the internet and SMS.

Results: Since 2000 the abortion rate among teenagers has dropped 25% from 20 pr 1000 to 15 pr 1000 in 2005 - which is the lowest abortion rate ever. Overall teenage pregnancy has shown a steady decline. Teenage births are rare and amounts to less than 5% of the total annually births. Contraceptive use has increased in the last five year period and national studies report a high contraceptive knowledge among teenagers. Condoms distributed free of charge has increased from 1.5 million in 2004 to 2.5 million in 2006 and national studies seems to indicate a raise in condom use among young men. The use of hormonal contraception has increased with ca 7 – 10 % pr year among all fertile women, the user rate among young girls being 588 pr 1000 in 2006.
Conclusion: Good education is not enough to improve the sexual health of young people. Strategies to promote sexual health have to be based on an orchestration of specifically targeted measures, which aims at empowerment, sexual autonomy and accessibility to contraception and counselling.

Long acting reversible contraception and teenage pregnancies – the real challenge
S.Sundararaman[1], K.Guthrie[2]
[1] Department of Obstetrics & Gynaecology, Stoke Mandeville Hospital, Buckinghamshire, UK
[2] Department of Obstetrics & Gynaecology, Hull Royal Infirmary, East Yorkshire, UK

Introduction: The United Kingdom has one of the highest teenage pregnancy rates in Western Europe with a high proportion of unintended pregnancies resulting in surgical termination. NICE guidelines, UK, suggest that increasing the use of long acting reversible contraception, LARC, will reduce unwanted pregnancies. We report our experience with implementing this guideline.
Methods: Data was collected from the OPCS database for a three month period from March 2006 till May 2006.The number of patients requiring surgical termination of pregnancy and the long term reversible contraception method deployed was noted.
Results: 199 patients underwent surgical termination of pregnancy of which 56 patients were teenagers (28.1%). The mean age of patients who underwent surgical termination of pregnancy was 23.1, the range being 14 to 41 years. 112 patients (56.2%) chose a long term reversible contraceptive device while 6 had laparoscopic sterilisation. 81 patients (40.7%) did not opt for any contraception of which 34 patients (41.9%) were in the age range of 14 - 19 years.
Discussion: Of the 56 teenage patients in the study, a 60.1% did not opt for any form of LARC method from our study. Sexually active teenagers need thorough reproductive education and consistent follow-up evaluation to avoid unintended pregnancies. Teenage pregnancy remains to be high in UK attributed to various factors including alcohol, low aspirations, behavioural problems and a culture that seems to support teenage motherhood. Vigorous preventive strategies such as teenage pregnancy counselling, contraceptive nurses and school health-care providers are needed to increase the awareness and successfully implement NICE guideline to reduce unwanted teenage pregnancies.

From research to board game: 'Girls' Choice. Lust and limits in intimacy'
M. de Neef, Rutgers Nisso Group, Dutch Expert Centre on Sexuality, Utrecht, The Netherlands

The aspects that play a part in pregnancy at a young age can be classified into three clusters related to one's life course and sexual development (Van Berlo et al., 2005, Wijsen et al., 2006): lack of long-term goals in life, traditional views with regard to sex roles and lack of adequate sexuality education. These clusters occur separately or in combination with each other. Furthermore the sexuality education received is usually limited to the "technique of contraception, in some cases combined with the technique of sex". How one experiences sex, one's own motives and desires, the social and communicative skills needed to discuss sexuality and (effective) contraception, the consequences of pregnancy at a young age and the meaning and consequences of teenage motherhood are generally not discussed. Immigrant girls, and especially girls with a non-western origin, experience more problems preventing an unwanted pregnancy. Girls of immigrant origin find it more difficult to use contraception effectively, and they have less control over their life. This makes them more vulnerable to unwanted pregnancy. The insights gained from the research amongst teens were used to develop a game for teenagers that deals with the topics sexuality and relationships, safe sex, pregnancy and motherhood, boys, and empowerment. In addition input was given by a feedback group of advisors and professionals workers in the field as well as by participants of preliminary tests of the game. The main objective of 'Girls' Choice, Lusts and limits in intimacy' is to contribute to the prevention of unplanned/unwanted teenage pregnancies. Derived objectives are to give girls' insight into their own desires, make them aware of their boundaries and capable of reflecting on their actions, to gain more control and empower them with regard to sexuality, intimacy and relationships. Therefore attention is paid to reflection on reflection, behaviour, knowledge, and skills. While playing the game, several forms of learning are used to stimulate the teenagers to interact with each

other e.g. role-playing, knowledge questions, personal questions, and verbal and nonverbal assignments. The game can be played by groups of girls aged 10-13 (basic game) and groups of girls over the age of 13. The game can be used in schools, but also in settings outside of school. The game set contains a game board, 175 assignment cards, rules of the game, a manual for facilitators and a booklet with answers to the knowledge questions. In this presentation the results of the Dutch research leading to the game will be briefly outlined and the game will be introduced and demonstrated. The focus of attention will be on the implementation of the game in groups of girls and the role of the facilitators (such as educators or other intermediaries).

Contraception in adolescence: needs and expectations

Fátima Palma[1], Mª José Alves[1], Isabel Martins[1], Susana Varatojo[2]
[1] Maternidade Alfredo da Costa, Lisbon, Portugal
[2] Psychologist, Lisbon, Portugal

The aim of this study is to understand the attitude towards female contraceptives in general, identify the main worries and expectations, as well as evaluate the satisfaction regarding Impanon and behaviour in terms of continuity or discontinuation.
Qualitative methodology was used and data was collected from Mini-Groups (MG). The population included Implanon users aged from 12-19, medium-low social status and attendees at the adolescents consultation at Maternidade Alfredo da Costa (Maternity Hospital). Four MG were formed: 1 included adolescents who terminated a pregnancy; 1 formed by adolescents who attend family planning consultation and 2 formed by teenage mothers. Each MG included 4 or 5 participants and lasted around 2 hours.
The results show that the female contraceptives more valued/appreciated by the interviewed teenagers were the implant and the pill. However, there's a clear preference for the methods that help them to "forget" rather than the methods that make them remember all the time.
There's a bigger resistance to the methods that require the vaginal administration and that depend on the users intervention. It's crucial to trust the method's efficacy in order to preserve the peacefulness of these teenagers who are afraid of getting pregnant, and simultaneously desire to have a child. They look for a contraceptive method that protects them from themselves.
The implant gets a positive opinion. The main motivations to use it are safety, long-term peacefulness and "incorporated" protection. The dissatisfaction motives include weight changes, spotting and the absence of bleeding, which shake their self-esteem and trigger the fear of being ill. The implant is still considered the best option. However, they keep the pill in mind for the adult phase because of its cycle control effect.
This study allowed to adapt/adjust the intervention strategy to each specific segment and raised a few reflections that may work as a stimulus to future research.
Teenage mothers are more focused on body issues, revealing a strong desire to have a planned pregnancy and make plans about forming a family.
Adolescents who terminate a pregnancy are more focused on love, family and children issues. They reveal a need to dream about their future in order to make up for what they lost in life and are very sensitive to happiness and well-being issues.
Adolescents who just attend the family planning consultation are more focused on sexuality, seduction and desire issues and reveal a strong curiosity regarding discovery.

Cervical Epithelial Cells Abnormalities in IUD Users

I. E. Blidaru[1], M. Roman[2], L. MoÐneagu[1], I. CaÐighera[2], R. PleÐca[2], M. Mictariu[1], A. Luchian[1]
[1]-4th Department of Obstetrics and Gynecology, "Gr. T. Popa" University of Medicine and Pharmacy; [2]-Family Planning Unit, "Cuza-Voda" Maternity Hospital, Iasi, Romania.

Objectives: The aims of our study were to assess the risk of epithelial cells abnormalities among IUD users compared to non-users of any contraceptive method and to estimate the importance of some suspected risk factors as the presence of the IUD, age of the sexual debut, socioeconomic status.
Design and Methods: Our study was conducted in the Family Planning Unit from "Cuza Voda" Maternity Hospital over a period of six months (January – June 2007) and included a number of 150 women aged between 19 and 47, who have been interviewed, examined and investigated by Pap smears and vaginal bacteriological samples in the Family Planning Unit. 50 women were IUD users and have been included in the test group and 100 were non-users of any kind of contraceptive method and represented the controls. The women with abnormal Pap smear were further controlled by repeated cytology with shorter screening intervals of

three months. For the purpose of this study the relative risk (RR) was calculated for each risk factor.
Results: Our study has showed in the test group the existence of 15 cases with epithelial cells abnormalities (30%) manifested as atypical squamous cells of undetermined significance (ASCUS) in 9 women and low grade squamous intraepithelial lesions (LSIL) in 6 women, while in the control group there were 24 cases with epithelial cells abnormalities (24%), amongst which 10 women with ASCUS, 4 women with atypical glandular cell of undetermined significance (AGCUS) and 10 women with LSIL. The relative risk for the epithelial cells abnormalities findings in the IUD users was increased, IUD use being confirmed as a risk factor (RR=1.25). The large majority of ASCUS/ AGCUS and LSIL smears were due to benign HPV infections, but the superimposed bacteriological infections were also present in 14 of the 15 cases from the test group compared to 16 of the 24 cases from the control group. The pathogens that are responsible for the cervical and vaginal colonization are E. coli, Staphylococcus aureus and group D streptococci. Unexpectedly, we found that the early age at the sexual onset, less than 20 years, did not represent a risk factor, but rather an indifferent one (RR=0.98), while the low socioeconomic status, assessed by woman's rural location, was demonstrated to act as a risk factor (RR=1.438).
Conclusions: These results point out the fact that the IUD use do not seem to protect against the cervical epithelial cells abnormalities, represented by ASCUS/AGCUS or LSIL, nor the delayed debut of the sexual life, while the low socioeconomic conditions might play a risk factor role. Our study underlines the high incidence of the cervical and vaginal bacterial colonization in the IUD users that co-exists with the HPV infection.

FREE COMMUNICATION SESSION 3

The efficacy and acceptability of combined oral contraceptive Marvelon® in extended regimen

Prilepskaya V.H., Chernysheva E.S.
Research Center of Obstetrics, Gynecology and Perinatology, Moscow, Russia

Combined oral contraceptives (COCs) are the most common reversible contraceptive method now. However undesirable effects are the most wide-spread reasons for stopping use of oral contraceptives. The most often adverse effects are nausea/vomiting, breast tenderness, headache, breakthrough bleeding and fluctuations of mood. These adverse events more often appear during 7-day pill-free interval (Sulak et al. 2000) and are not connected with the dose and oral contraceptive composition. Use COCs in extended regimen (3 or 6 months use of active pill followed by 7-day pill-free interval) permits to decrease frequency of menstruations and cycle-related symptoms. Delay of bleeding can also decrease or eliminate pathologic changes, for example, hypermenorrhea or dismenorrhea.
Objectives: to evaluate the efficacy and acceptability of extended regimen of Marvelon (63-day use of active pills followed by 7-day hormone-free interval) in women of reproduction age in comparison with standard regimen (21/7-day regimen).
Design and methods: a total of 58 women at age from 17 to 45 years were included to the study. The mean age of subject was 27.5±5.6 years. Women had no contraindication for oral contraception. The total period of observation for each woman was 6 cycles. General physical and gynecologic examinations were made at baseline and after cycle 6. Women recorded vaginal bleeding patterns daily in diary cards. Information on prior contraceptive use, adverse effects, satisfaction of contraceptive method and regimen was obtained by questionnaires which were filled by women before and after finishing investigation. Patients were divided in 2 groups, there were 37 patients in the first group (extended regimen) and 21 patients in the second group (standard regimen).
Results: Various methods of contraception were used by subjects before the study: 23 (40.3%) women used different COCs, 3 (5.2%) – IUDs, 24 (42.1%) – condom, and 7 (12.2%) – calendar-based method. 15 (65%) women used COCs before the study had different adverse effects which most often appeared during 7 days pill-free interval.
There were no pregnancies during the study. In both groups the most of women (94.7%) had regular withdrawal bleeding during the 7 days pill-free interval. Irregular spotting reported by 16 women (43.2%) in the first group during the first 3-4 months, decreased to 3 (5.1%) at the final visit. In the second group 2 (9.5%) women had irregular spotting. The frequency of headache was 14.2% in the second group and appeared only during 7 days pill-free interval, while it occurred in 8.1% women of the first group. The frequency of breast tenderness was 13.5% in the first group with the next decreasing to 5.1%, and 23.8% with the following decreasing up to 19.04% in the second group. These adverse events were the more expressed in women of the second group during 7 days pill-free interval.

38 (66.6%) women gave positive evaluation of extended regimen of COC after completed 6 months. Only 3 (8.1%) patients discontinued use of COC in extended regimen: 1 (2.7%) because of irregular spotting and 2 (5.4%) because of they planed pregnancy. The majority of patients of the second group marked decrease in frequency of hormone withdrawal symptoms during use COC in extended regimen. 34 (91.8%) women preferred to prolonged regimen of Marvelon.
Conclusions: extended regimen of COC is acceptable method of COC use. Prolonged regimen allows decreasing the frequency of adverse effects which occur during 7 days pill-free interval. Weak point of prolonged regimen is irregular bleeding but it usually takes place during the first 3-4 months of pill use. Over time, this side effect decrease and in case of respective patient's consultation it is no cases of discontinuation of use COC in extended regimen.

Levonorgestrel-Releasing Intrauterine System Used In Meno-metrorrhagia Associated with Uterine Leiomyoma
D. Socolov, I. E. Blidaru, R. Socolov, L. Mosneagu
Department of Obstetrics and Gynecology, Iasi University of Medicine, Romania

Objectives: This study evaluates the effectiveness of levonorgestrel-releasing intrauterine system (LNG-IUS) in the treatment of both meno-metrorrhagia and the uterine increased volume related to uterine myomas. Design and methods. Thirty patients aged between 32 and 53 (average age 43 +/-1.8 years) were examined in "Avicena" private practice office and the family planning unit from "Cuza-Voda" Maternity Hospital over a period of 2 years, from 2004 to 2006. They were diagnosed with uterine intramural or subserous leiomyomas associated with abnormal uterine bleeding. After LNG-IUS insertion they were included in the present study and followed-up at 6 and 12 months post-insertion. The results were assessed using both a clinical form of self –evaluation, with the Personal Blood Assessment Chart (PBAC- Higham score), and ultrasound scan. The results were statistically processed using Student-Test (T-test), and considered significant if $p<0.01$. Results. There was a significant change in the menstrual pattern, proved by the decreased PBAC score (from an average value of 325, to 20 at 6 months and 10 at 12 months), and also by the diminished duration of menstrual bleeding; both of these demonstrated to be statistically significant ($p<0.01$). The uterine volume did not significantly change (from 103 to 101 and 106 cmc, at the beginning, 6 months and 12 months), and the total volume of myomas has slightly, but non-significantly decreased ($p=0.3$ and 0.4). We also observed some other positive effects like decreased dysmenorrhoea, and diminished mastodynia and mastosic lesions. The satisfaction rate was high, 76% of the patients declaring to be satisfied and 23% rather satisfied. There was no case of LNG-IUS removal on demand during the follow-up of our patients. Conclusions. The LNG-IUS method is highly effective to control the heavy menses in patients with myomatous uteri, meaning subserous and intramural fibroids, although it does not influence the size of the tumors. In addition, this method could be an acceptable and less expensive alternative to hysterectomy and endometrial ablation.

Accidentally vesicular placement of the NuvaRing®
C. Tresselt, A. Kang, M. Huber, W. Holzgreve, J. Bitzer
Universitäts-Frauenklinik Basel, Switzerland

Background: The combined contraceptive vaginal ring (NuvaRing) is an elastic, bendable, ring-shaped device with a diameter of 54mm that is placed by the woman herself. Intravaginal position allows continuous hormonal delivery through the vaginal mucosa and therefore ovarian suppression. Incorrect placement in the urinary bladder has just once been described causing discomfort and a chronic cystitis.
Case: A 37-year-old GI P0 presented at the emergency ward, unable to locate the NuvaRing shortly after placement. The healthy, asymptomatic woman reported no pain or discomfort by insertion of the ring. Carefully clinical examination and vaginal ultrasound revealed the ring in the urinary bladder. Uneventful extraction of the NuvaRing was performed by the urologist via cystoscopy.
Conclusion: The most common reason for a lost contraceptive ring is certainly the spontaneous expulsion. But this case has shown that an unnoticed intravesicular placement of the NuvaRing can occur even without symptoms, psychiatric or physical history. Therefore there should always be a thorough clinical examination to exclude an incorrect placement in the urinary bladder. As a safe, reliable and non-invasive method we recommend the use of vaginal ultrasound.

Serbia and Romania: Differences in attitudes regarding hormonal contraception

K. Sedlecki[1], M. RaševiĐ[2]

[1] Family Planning Center, Mother and Child Health Care Institute of Serbia, Belgrade, Serbia

[2] Institute of Social Sciences University of Belgrade, Belgrade, Serbia

Conservative birth control model with low prevalence of hormonal contraceptive usage have been the characteristic of both Serbian and Romanian population.

Objectives: To make the secondary analysis of the investigation results on the attitudes of women from Serbia and Romania concerning combined oral contraception (COC). The hypothesis has been that the different types of barriers restrain women from these countries to rely on COC as their birth control choice.

Design & Methods: The relevant data were selected from the investigation conducted by Gfk Group for Schering – Berlin as semi-structured personal interviews, using mainly pre-coded and several open-ended questions. That study was performed between December 2005 and March 2006 and included 1,000 women aged 15-49 from Serbia and 1,038 women in fertile period from Romania. The study groups from these two countries were matched according to age distribution, marital status and partner relationship. The data in relation to attitudes of women toward COC were selected and compared by the means of descriptive statistics.

Results: Although the birth control models were similar in Serbia and Romania, the clear differencies were observed due to attitudes of women on the COC usage. Among them, the important were the following ones:

- Among current users of contraception, the fact that a contraception method contained hormones would affect the decision of 76% of women in Serbia and 31% of women in Romania not to use COC. Three main reasons for never using COC in Serbia are that it is considered to be unhealthy, harmful and causing a lot of side effects, while in Romania it is thought unnecessary, it causes fear of side effects and weight gain.
- Among nonusers of contraception the main difference appears to be the level of fear towards the negative aspects of COC, especially that they harm the body in an unspecified way. Consistently, this type of psychological barriers was more intense among women in Serbia.
- According to women's opinion, COC was preferred birth control method of 10% sexual partners in Serbia and 33% in Romania.

Conclusion: The results confirmed that the substantial reluctance toward combined oral contraception has been present in both countries, but in a greater extent among women in Serbia. In addition, the psychological barriers toward COC have been particularly deep in Serbia, because their resource was irrational fear of harmful effects eventually caused by this contraceptive method. The negative attitude about COC in male population has been stronger in Serbia, also.

• Abstracts of Posters •

HORMONAL CONTRACEPTION

P01

The usage of oral hormonal contraceptives in adolescents and young women during one year period

N.ŠikaniÐ DugiÐ , V Hiršl HeÐej , N.Pustišek ,ML Domljan

Centre of Reproductive Health, Children's Hospital Zagreb-University of Zagreb Medical School, Zagreb, Croatia

Objectives: To evaluate and compare sexual behaviour and oral hormonal contraceptive use (compliance, continuation rate, side effects, acceptability) after one year of combined oral contraceptive (OHC) use in adolescents and young women.

Methods: 90 young females, aged 15-24 years who were using one year of combined low-dose oral hormonal contraceptives were enrolled in study. Forty four adolescents, 15-19 years of age, and 46 young women, 20-24 years of age were included. They attended a gynecological outpatient unit of Reproductive Health Department of Children's Hospital Zagreb and data were obtained by questionnaires

Results: 4 out of 90 girls were using OHC because of hormonal disturbances and they had no sexual experience. 18,6% of young OHC users had the first sexual intercourse at the age of 15 years and less. Adolescent OHC users had significantly earlier sexual debut than young women ($p<0,05$), but they also had mostly 1 partner (65,1% of adolescents and 37,2% of young women).This difference was statistically significant ($p<0,05$). Both groups had multiple sex partners (≥3) in 26,7 % (16,3 % of adolescents and 37,2% of young women). 43,3% of young OHC users have had concerns about OHC, mostly fertility and health concerns. Side effects during the first three months were frequent (60%) in both groups: weight gain in 25,9%, breast tenderness in 14,8% of cases, mood changes and breakthrough bleeding in 13% and multiple side effects in 20% of cases. Discontinuation rate of OHC use was high (38,9%) in both groups, mostly because of side effects or physician's recommendation or because of no further need for contraception. Young OHC users commonly missed 1 or more pills per cycle (63,3%). More adolescents than young women reported missing pills and this differences was statistically significant ($p<0,05$). In both groups consistent dual use of condoms and OHC was similar (16,3,%)

Conclusion: Education and counselling of both groups of young female is fundamental to effective use of contraception, especially OHC. Providers should discuss the transient nature of most side effects, the health benefits of OHC and instructions for correct use. It is recommended that first follow-up visit is 3 months after starting OHC and it should be viewed as a compliance check.

P02

A comparison between orally and intrapritoneally administration of Achillea millefolium extract on spermatogenesis

Mortazavi H[1],Safaie S,Moradi R,Hosseini MJ,Takzare N. Student scientific research center of Tehran university of medical sciences, Iran

[1]Hamideh.mortazavi@gmail.com

Objectives: Achillea millefolium or yarrow is a native plant in Europe and Iran.Yarrow has seen historical use as a medicine, mainly because of its astringent effects. It is reported to be associated with the treatment of several ailments. Spermatogenesis is the process by which male spermatogonia develop into mature spermatozoid. Spermatozoa are the mature male gametes, in many sexually reproducing organisms.The effect on Spermatogenesis has been evaluated in previous studies, which gave contradictory results.In this study we compared the difference between the effect of orally and intrapritoneally administration of Achillea millefolium extract on spermatogenesis.

Design & Methods: In this study 50 wistar rats were used. The animals were divided to 6 experimental group(5 rat in each group) and 2 control group(5 rat in each group) and 2 sham group(5 rat in each group).The effect of hydroalcoholic extract (200 mg/kg,400 mg/kg and 800 mg/kg, intrapritoneally and orally, for 22 days, every other day) of Achillea millefolium L. (yarrow) flowers on the spermatogenesis of wistar rat was studied. in this study achillea millefolium extract was injected intrapritoneally to the animals in 3 experimental groups and 3 groups received the extract orally. the control group received only distilled water and for the sham group nothing administered. Then the animals were killed and microscopic evaluation of testis tissue was done.

Results: the result of this study showed that at the dose of 200 mg/kg , intrapritoneally ,and 200 mg/kg , 400 mg/kg ,orally, there wasn't any effect on spermatogenesis. at the dose of 800 mg/kg ,orally, a little effect on spermatogenesis was seen which resulted in disarrangement in cellular combination. but there was no significant difference between this group and control group and sham group. But in another experimental group with 400mg/kg , intrapritoneally, significant difference was observed.($P<0.05$)
Conclusions: maybe the reason that we couldn't achieve a good result in oral route is that the chosen time was not enough for treatment. We got significant results at the dose of 400 mg/kg and 800 mg/kg intrapritoneally. So it's seem that Achillea millefolium extract can be a good substance as a male contraception. We advise future research to assess the effect of this extract on human models and it's reversibility.
Keywords: Achillea millefolium,spermatogenesis,oral,intrapritoneal

P03

Relationship between misconceptions about oral contraception and discontinuation rate of contraceptive use
Corina Grigoriu, Corina Parau, Adina Lungu, Mirela Grigoras, V.Horhoianu
Medical University Carol Davila Bucharest Romania, University Hospital Bucharest, Dep. of Ob/Gyn
Splaiul independentei 159, Bucharest, Romania, corigri@gmail.com

Objectives: Our study evaluates the common misconceptions about contraception and their relationship to discontinuation of the pill in two ambulatory settings.
Design and method: We enrolled 265 patients presenting in the ambulatory setting for gynecological consult and/or contraceptive counselling. Every patient received a 5 steps questionaire regarding interest in contraceptive use, previous contraception methods, knowledge of contraceptive methods, personal perception about oral contraceptives, perception of partner/family/parents about contraception. After counselling, a method of contraception was choosed. Follow up was initiated at the first visit after prescribing contraception (6 weeks later) and at 3 months.
Results: Common misconceptions about oral contraceptives were: weight gain (85%), hormonal imbalance during contraceptive use (46%), abnormal hair growing (37%), modified sexual appetite(25%), abnormal bleeding pattern (20%), inducing malignancy in breast or genital organs (18%). Rates of discontinuation at 6 weeks were 23% in one setting and 26% in the other. Rates of discontinuation at 3 months were 28% in one setting and 29% in the other. Reasons of discontinuation were: breakthrough bleeding(25%), bloating (18%), personal impression of weight gaining(16%), headaches(15%), no particular objective reason (the rest).
Conclusions: Misconceptions about oral contraceptives are high rated. Medical education and constant information from medical caregiver are essential in managing this situation.

P04

Assessment the effect of Achillea Millefolium L. extract on spermatogenesis and it's reversibility
Safaie S[1],Mortazavi H,Moradi R,Hosseini MJ,Takzare N.
Student scientific research center of Tehran university of medical sciences, Iran
[1]Safaie.sahar@gmail.com

Objectives: Achillea millefolium or yarrow is a native plant in Europe and Iran.Yarrow has seen historical use as a medicine, mainly because of its astringent effects. It is reported to be associated with the treatment of several ailments. Spermatogenesis is the process by which male spermatogonia develop into mature spermatozoid. Spermatozoa are the mature male gametes, in many sexually reproducing organisms.The effect on Spermatogenesis has been evaluated in previous studies, which gave contradictory results.In this study we evaluated the effect of Achillea millefolium L. extract on Spermatogenesis process and it's reversibility.
Design & Methods: In this study 50 wistar rats were used. The animals were divided to 3 experimental group(10 rat in each group) and 1 control group(10 rat) and 1 sham group(10 rat).The effect of hydroalcoholic extract (200 mg/kg,400 mg/kg and 800 mg/kg, intrapritoneally, for 22 days, every other day.) of Achillea millefolium L. (yarrow) flowers on the spermatogenesis of wistar rat was studied. At the first phase of the study the extract was injected intrapritoneally to all of the animals in the experimental groups. the control group received only distilled water and the sham group received nothing. Then the animals, except 5 rats in each group, were killed. These 5 rats were kept for another 22 days to assess the reversibility of the extract.

Results: At the dose of 200 mg/kg, intrapritoneally, there was no effect on spermatogenesis and all of cells had normal arrangement and count, so there weren't any significant difference between this experimental group and control group. At the dose of 400 mg/kg, a significant difference in cell arrangement and cell count, but after 22 days, on which 5 number of this group was kept without any extract administration, there was no significant difference between them and control group, so it shows this dose is reversible. At the dose of 800 mg/kg significant effect on spermatogenesis was demonstrated but after 22 days, on which 5 number of group was kept without any extract administration there was significant difference between experimental group and control group. so this dose isn't reversible. Conclusions: we advise future research about effect of Achillea millefolium extract on spermatogenesis and it's reversibility in human models to produce a male contraception. Key words: Achillea Millefolium L., spermatogenesis, reversibility

P05

The change of cd4+, cd8+, nk-cells , b-cells level at the women with autoimmune thyroiditis against a background of oral contraceptives

Mejevitinova E.A., Sukhih G.T., Akopian A.N., Ziganshina M.M., Krechetova L.V.
Federal State Institute, Scientific Centre of Obstetrics, Gynecology and Perinatology of Russian Medical Technology, Moscow, Russia

The problem of studying the immune status among women with autoimmune thyroiditis against a background of oral contraceptives(OC) has got lately the most actual.

Objectives: The aim of the research was the studying of the immune status(CD4+, CD8+, NK-cells, T-killers, B-cells) at the women with autoimmune thyroiditis against a background of the usage of oral contraceptive - Regulon(contain 30 mg ethynilestradiol and150 mg desogestrel).

Methods and Materials: Synchronous investigation was conducted with 40 women(18-49 years old) suffered from autoimmune thyroiditis and being under the substituting therapy of L-Thyroxin. 10 women were studied as a control group. All the women were examined with the common clinical research and the analysis of haemostasis, also with lipid spectrum, TSG, free T4, CD4+, CD8+, NK-cells, T-killers, B-cells, colposcopy, cytological investigation, ultrasonic investigation of thyroid gland, mammary glands, pelvic organs. At 9 o'clock on an empty stomach was done the analysis of vein blood for the indices of haemostasis, lipid spectrum, TSG, free T4. The determination of indices of immune status was done on the flowing citofluoremetre FacScan according to CD-nomenclature by means of monoclonical antibodies of the Becton-Dickinson firm.

Results: Middle-aged were 31+/-0,6 years old. 12 women were excepted from the research in the result of the fulfilled examination, according the exposure of oral contraception contra-indication. Thus, the group of 28 women with autoimmune thyroiditis and 10 women in control group, whom al contraceptive had been prescribed, was formed.

The dynamical control after the women had been fulfilled before OC taking in 3,6,9 months.

The analysis of immune status of the women with autoimmune thyroiditis showed, that before the OC taking the high level of CD4+ was marked at 5(4%) women, the low level of CD8+ was marked at 2(7%) women and NK cells and the level of B-cells were noted as normal at all women(at the controlled group either). The high level of T-killers was marked at 12(42%) women and at the controlled group 4(40%).

Not any fact of pregnancy was noted during the period of investigation. So, the effectiveness of Regulon was 100%. There was not marked any real changes of the B-cells level in the result of the investigation and CD4+, CD8+. In the control group 2(2%) women had the rise level of CD4+ on 18-20%. 4(14%) women with autoimmune thyroiditis had the lowering level of T-killers on 25-30% in 9 months. The same process was noticed in the control group at 1(3%) women on 35%. Nevertheless, there was not noticed any real changes of NK cells level as in the controlled group, because of all the changes were kept within the comparative meanings of standard.

Conclusion: So, while studying the immune status at the women with autoimmune thyroiditis, it is necessary to emphasize the fact of high CD4+, low meanings of CD8+ in comparison with the control group and statistically significant high level of T- killers in both groups.

While analyzing the influence of OC on some indices of the immune status, we've come to the conclusion, that contraception doesn't exert any influence on hormonal immunity, but obtains some ability to the level of T-killers, which are participating in the pathogenesis of autoimmune thyroiditis, that is improves the proceeding of the main disease.

P06

Emergency contraception: user's profile in switzerland 2003-2006

Brigitte Frey Tirri[1], Tanja Bodenmann[2], Seraina Mengiardi[2], Patrick Eichenberger[2], Elisabeth Zemp Stutz[3], Kurt E. Hersberger[2]

[1]Department of Obstetrics and Gynecology, [2]Institute of Clinical Pharmacy, [3]Institute of Social and Preventive Medicine, University of Basel, Switzerland

Background and Objective: In 2002, Levonorgestrel was introduced in Switzerland for emergency hormonal contraception (EC) without prescription ('pharmacist only'). In 2003, a first analysis of requests of EC showed that the dispensing of EC through pharmacies could successfully be implemented (Lemke et al 2004). This study was repeated three years later with the aim to explore whether the user's profile has changed over time.

Design& methods: Retrospective analysis of requests of EC using pharmacy protocols registered in 2003 and 2006.

Setting: Selected Swiss community pharmacies with enlarged opening hours and providing access to their protocols on EC.

The protocols were evaluated an compared for Age, reason for request of EC, contraceptive method used, report of previous use of EC. The statistical analyses were done with SPSS® . The Kolmogorov-Smirnov-Test was used to test for normal distribution of a variable.

Results: Comparison of requests in 2003 (n=205) vs. 2006 (n=349) showed a decrease in mean age of EC users (25.5 ± 7.1 vs. 24,2 ±6,9 years; p=0.035), but no significant difference in report of previous use of EC (48.8% vs. 50.1%; p=0.869). Women seeking for EC used mainly condoms as their contraceptive method, in 2003 as well as in 2006 (68.8% vs. 62.8%; n.s.) or a hormonal contraceptive pill (17.1% vs. 24.9%; p=0.031).

Conclusions: Four years after introduction of a low threshold access to EC through pharmacies, besides a slight decrease of the age of EC-users, no major trends in user's profile were observed, especially no increase of reported previous use of EC.

P07

Combined ethynilestradiol-levonorgestrel emergency contraception in adolescents

Ubavka Radivojevic[1], Lazovic Gordana[2], Biljana Milanovic[1], Zarko Puzigaca[1], Zoran Aleksov[1], Rajko Nikolic[1]

[1] Department for human reproduction, Mother and Child Health Care Institute «Dr Vukan Cupic», Belgrade, Serbia and Montenegro

[2] Institute for gynecology and obstetrics, Clinical Centreof Serbia, Belgrade

Objective: Analysis of data on emergency contraceptive practice in 52 adolescent girls attending the Department for human reproduction in the period January 2000-december 2004.

Design and method: Study included the adolescents attending our Department, who were addressed for emergency contraception. An interrogation was carried out and combined ethynilestradiol-levonorgestrel product was given to patients in whom no contraindications for emergency contraception (EC) were discovered.

Results: Majority of girls (31/52) were 18, 16 were 17, 4 were 16, while one girl was 15 years old. We found no significant difference in adolescent user profile between the years. Only nine patients (17, 30%) used combined EC more than once. Contraceptive counseling was offered to all adolescents. There was a significant decrease in the number of adolescents using EC since 2003. No thrombo-embolic accidents were noted in this study and no pregnancies among adolescents occurred.

Conclusion: Combined ethynilestradiol-levonorgestrel emergency contraception ca be safely used in adolescents. A significant decrease occurred in the proportion of adolescents using emergency combined hormonal contraception since 2003. This can be explained by levonorgestrel emergency hormonal contraception becoming available without medical prescription.

P08

Body mass fluctation in women during use of the combined oral contraceptives containing drospirenon® and ethinyloestradiol®

[1]Ostrowska L, [2]Lech M.
[1]Department of Hygiene and Epidemiology, Medical University of Bialystok, Poland
[2]Fertility & Sterility Research Center, Warsaw, Poland

Introduction: Available combined oral contraception (COC) products are very effective and safe for patients. In spite of that, designers are still looking for the new products which would meet all woman's needs. One of these important needs is to keep body mass under control. It may happen that one of the new product containing - in one tablet - 3,0 mg of drospirenon and 0,03 mg of ethinyloestradiol (Yasmin®) may meet this need. As it is known from the clinical trials, the Yasmin® have no properties of body mass gain, but these trials are always made in a very special circumstances, and the recruited patients may differ from the patient taken from general population. This study – in a contrary - was planned in the way to receive data which could be projected for the general population (of Poland).
Objectives: The aim of the study was to evaluate relation between the use of the Yasmin® and body weight fluctuation in the patients included into the study group.
Material and Methods: Observational study on the group of women (recruited from the population of patients attending primary health facilities in Poland) using Yasmin® for the period of three months.
Results: 9,237 patients (from 480 primary health centres in Poland) were recruited and screened during the year 2006. As much as 8,792 patients (95.2%) completed the study, and their data were suitable for the analysis. The statistical analysis "Test t" was used for the comparision of the obtained data, and it has been revealed that both; body mass, and body mass index (BMI) of patients participating in the study were lower after three months of use of the tested COC (statistically signifficant differences).
Conclusion: The study (with the participation of the over 9 thousand women living in Poland) has revealed that the three months lasting use of COC, containing 3 mg of drospireonon and 30µg of ethinyloestradiol (in one tablet), has not been linked to body mass gain, but in opposite, woman using tested COC have obtained the signifficant reduction both; their body mass and body mass index (BMI).
Key words: combined oral contraceptives, drospirenon, hormonal contraception, weight gain, Poland.

NON-HORMONAL CONTRACEPTION

P09

"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: averting old prejudices; underlining the existence of condoms as unique method preventing sexual transmitted diseases; condom – a such a simple object standing up against the following very complex viruses: HIV, Treponema Pallidum (Syphilis), Trichomonas Vaginalis (Trichomonas), Neisseria Gonorrhea (Gonorrhea), Candida Albicans (Candida), Chlamydia Trachomatis (Chlamydia), VHA (A Hepatitis), VHB (B Hepatitis), VHC (C Hepatitis), EBV (Epstein Barr Virus – Mononucleosis), HPV (Human Papilloma Virus – Genital Warts); 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.
Organising local and national informing campaigns alongside local and national health authorities: advertising the existence of the family planning cabinets, advices offered by the Family Doctors and free contraceptives (for a certain category 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 about health we could only mistake ones!

EDUCATION ON REPRODUCTIVE HEALTH

P10

Nursing & midwifery students knowledge regarding oral contraceptive pills use after & before family planning credit in Shiraz, Iran

Zarshenas M[1] , Janghorban R[2] , Sayady M[3]
[1]College of Nursing & Midwifery , Shiraz , Iran

Objective: Oral contraceptive pill (OCP) is the most modern method of family planning in Iran. Apparently no researches have been conducted regarding family planning credit efficacy in nursing & midwifery students in Iran. The purpose of the research was evaluation of nursing & midwifery knowledge regarding OCP use in Shiraz university of medical sciences.
Design & Method: 100 nursing & midwifery students were randomly included in this study. Only half of samples were passed family planning credit . Questionnaire was administrated & information was obtained concerning knowledge about intake method, absolute & relative contraindication & missed pills .
Results: Significant differences were observed for knowledge of two groups about start of pill intake, interval between two period of pill intake, use status in hypertension women & lactation period, necessary lab tests during pill use & missed pill (HD, LD) ($P< 0.05$) . No significant differences were observed for knowledge of both groups about use status in diabetic women, missed pill (Triphasic) & appropriate age for OCP use ($P>0.05$).
Conclusion: Nursing & midwifery students will be health provider, therefore, they should have adequate awarance about use of the most modern methods of family planning, then special change in family planning training of students is necessary.
Keywords: Knowledge, Students, Oral contraceptive pill.

P11

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.

P12

A Romanian program of pre-abortion counselling and counselling/orientation in the service system of reproduction health

Eugen Baican[1]; Dorina Vinti[2]
[1]University Babes-Bolyai, Faculty of Sociology and Social Work, Cluj-Napoca, Romania
[2]Gynecology Clinic No.1, County Hospital Cluj, Cluj-Napoca, Romania

This paper work presents, synthetically, the program of pre-abortion counselling and counselling/orientation in the service system of reproduction health implemented and unfold during the last 3 years (2005-2006-2007) in the Gynecology Clinic No.1,Cluj-Napoca,as a result of the partnership between this clinic and the Faculty of Sociology and Social Work of UBB.
Specifically, we will present the design of this program methodology, then the obtained results during its' implementation and, finally, on this basis, the methodological design of an integrated system of services of abortion counseling, seen in the institutional and legislative context from Romania and relating to the good practice models in the domain internationally validated.
The purpose of The Counseling Program consists in offering psychological, cognitive and emotional support, preparing/waiting the labour of the abortion, the increase of the copying capacities in that context, providing informational and decisional support concerning the utility of the contraception in avoiding abortion for the future and guiding the patients in the contraception service system, of reproductive health, from the residence area.
Methodologically, the project implementation is based upon individual counselling fulfilled by a special formed team in this sense with a counselling guide specially elaborated.
The results obtained after the, quantitative and qualitative, processing, of the accumulated data constitutes a comprehensive picture of the abortion situation in Cluj-Napoca, through the psychological and behavioral springs angle/viewpoint of those women that resort to abortion, of their socio-economic and educational situation, of their attitude and axiological orientation, of the contraception practice. The lot of subjects is constituted of those 400 counseled women during those 3 years since the program has been functioning.
The integrated abortion counseling service system, presented as a project, aims at a general approach of the counselling needs from the domain, through the practice point of view, internationally validated, and includes specific recommendations, of the institutional and legislative order, for the implementation in Romania's conditions.

P13

Evaluation of client knowledge regarding condom use, prevention role for HIV infection and emergency contraception (E.C.)

Janghorban R[1] , Zarshenas M[2] , Sayady M[3]
[1] Family Health Unit, Shiraz University of Medical Sciences, Shiraz, Iran
[2] Shiraz University of Medical Sciences, Shiraz , Iran
[3] Health system research Unit, Shiraz University of Medical sciences, Shiraz, Iran

Objective: in 2005 results of a national survey [IMES] (Integrated Monitoring & Evaluation Survey) were shown that condom is the third modern method of family planning in Iran. The rates of HIV infection among women are rising at a higher rate than among men. The purpose of this research was client knowledge determination about condom use, its role for HIV prevention & emergency contraception use after condom breaks.
Design & method: The data were based on a random sample of 250 clients receiving modern method of family planning in health centers of Shiraz. Questionnaire was administered & information was obtained concerning knowledge about condom use, advantages and E.C after condom breaks .
Results: women s knowledge were determined in these sequences: 84% for correct time of condom use, 24.2% for penis withdrawal after ejaculation, 83.1 % for condom benefit except of contraception, 55.8 % for protection against STD , 13.9 % for appropriate time of EC use and 8.2% for method of EC use.
Conclusion: This study showed that knowledge of clients about appropriate time of condom use & condom role in STD prevention & method of EC use is not adequate. These problems can increase condom failure rate & women s vulnerability against STDs. In conclusion, program planning is recommended for promotion of women knowledge about these subjects.

Key words: knowledge, client, condom, HIV.

ABORTION

P14

Circumstances regarding the decision for induced abortion among women in Ljubljana's region, Slovenia

S. Baznik, T. Vovko., B. Pinter
Department of Ob/Gyn, University Medical Center, Ljubljana, Slovenia

Objectives: The aim of the study was to get a view on social-economic, religious and other characteristics of pregnant women having induced abortion (IA) and on the reasons for induced abortion, use of contraception before and after IA and to analyze women's attitude towards professional counselling before IA at Ljubljana's region of Middle-Slovenia's statistic region.
Design & Methods: The study was based on two comparable questionnaires that were given to two groups of pregnant women: a study group of women that were having an IA at Department of Ob/Gyn, University Medical Center Ljubljana (323 subjects) and a control group of women that have intended to give birth and are in their first trimester (60 subjects) and were attending outpatient clinics in Ljubljana's region. Participation in the study was voluntary and anonymous. The differences between both groups of subjects were analyzed using a chi-square test and the correlations between individual characteristics were calculated using Pearson correlation coefficient. P values below 0,05 were regarded as significant.
Results: The average age was 28,8 ± 3,4 years of study subjects and 28,6 ± 7,0 years in control subjects, the difference was not significant (p=0,737). Compared to the control group there were significantly more women in the study group that had finished only primary school (17,9 %: 0,0 %; p<0,05) and less of those that had finished graduate (18,8 %; 6,7 %; p<0,05) or post-graduate education (2,2 %; 11,7 %; p<0,05). In the study group there were less women employed (56,9 %; 80,4 %: p<0,05), more unemployed (18,2 %; 5,4 %; p<0,05) and less of them lived with their spouses or family (55,5 %; 76,7 %; p<0,05). Women in the study group have estimated their social-economic status significantly lower and fewer of them have declared themselves as Roman-Catholics (66,3 %; 92,6 %; p<0,05). There was a significantly higher rate of use of barrier contraception in the study group. The main reasons for IA were current lack of wish for a child (48,7 %), financial and social reasons (35,3 %) and school or career (29,7 %). The majority (84,0 %) of women in the study group had professional counseling and 42,1 % of women in the study group would want such counseling.
Conclusions: Pregnant women who decided for IA have poorer social-economic status, less of them were Roman-Catholics and they used contraception less efficiently.

P15

From abortion to contraception in women after childbirth

Dekovic S.[1], Bukvic I.[1], Dizdaravic J.[1], Kapur A.[2], Hukic A.[3], Hasanovic E.[4]
[1] Gynecology and Obstetric Clinic,Clinical Center of University in Sarajevo, Bosnia and Herzegovina
[2] Bayer Shering Pharma Representative Bosnia and Herzegovina
[3] Institute for Pathology, School of Medicine, Sarajevo, Bosnia and Herzegovina
[4] Public Institution of Community Health Care, Gorazde, Bosnia and Herzegovina

Introduction: Bosnia and Herzegovina is a country where abortion is legally permitted until tenth week of pregnancy. Despite wide palette of available contraceptives in our professional experience, we have noticed that significant number of women don't use contraception, but practically choose abortion as mean of contraception. This refers especially to women who already gave a birth.
Aim of study: Analysis of patients who have had an intentional termination of pregnancy, with special attention to a group of women after childbirth or women who have had one or more abortion after giving birth, and give instruction to spread use of contraception in order to decrease number of unwanted pregnancies in this group of patients.
Material and methods: A retrospective study has been done, in a period of one year, from 01.04.2006 – 01.04.2007. Women who had an abortion at Gynecology and Obstetric Clinic in Sarajevo were treated. Official protocols of Clinic have been used.
Results: During mentioned one year period at GOC Sarajevo 420 patient had an intentional termination of pregnancy, out of which 353 (84,05%) were women after childbirth, while 67 (15,95%) who had abortion haven't gave birth before. The research demon-

strates that from these 353 patients which represent our aim group, 71,38% have from one to even ten abortions (mostly 1 to 3), while 28,62% of them haven't abortion before. Most of these women gave birth of two children, an age group between 26 to 35 years and with low level of education. Curiosity is that we found three patients who even had two abortions in one year.

Conclusion: Inadequate attitude of women after childbirth towards use of contraceptives and chouses abortion as last methods of contraception is a cause to concern. They say that they use "natural" way of contraception and if unwanted pregnancy comes, option of artificial abortion is available as a solution. So it is necessary, not only to speak declaratively about contraception, but to advise continually, and to educate patients about necessity of using contraceptives in aim of protection from unwanted pregnancy. Our opinion is that in our country still considered to be "traditional environment" will be important to include a husband in education about contraception in order of its easier acceptance by both marriage partners.

The ESC acknowledges and appreciates the contribution and support of the following companies

MAIN SPONSOR

Bayer HealthCare
Bayer Schering Pharma

SPONSORS

GEDEON RICHTER

EXELGYN

Informa Healthcare

SECS Romania