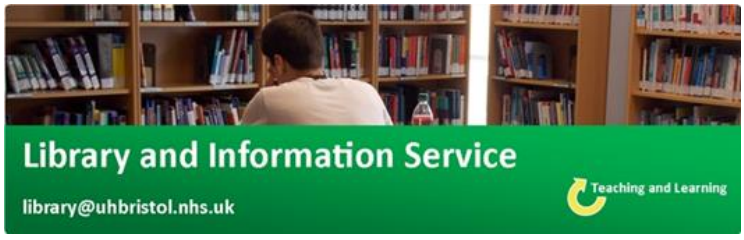
University Hospitals Bristol NHS
NHS Foundation Trust

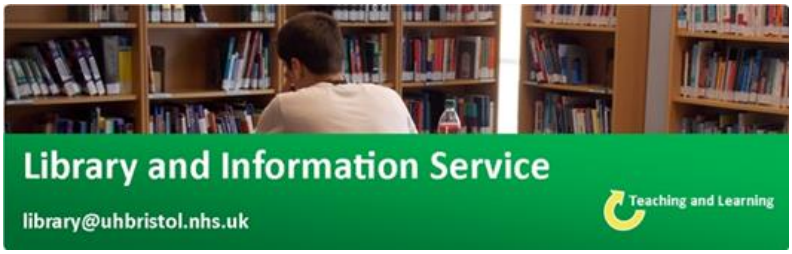
Sexual Health

Current Awareness Newsletter

July 2016

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.





Outreach

Your Outreach Librarian can help facilitate evidence-based practice for all Sexual Health staff, as well as assisting with academic study and research. We can help with **literature searching, obtaining journal articles and books**, and setting up individual **current awareness alerts**.

Literature Searching

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

Critical Appraisal Training

We also offer **one-to-one or small group training** in literature searching, accessing electronic journals, and critical appraisal/Statistics. These are essential courses that teach how to interpret clinical papers.

For more information, email: katie.barnard@uhbristol.nhs.uk

Books

Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk. Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: library@uhbristol.nhs.uk

Contents

Latest relevant Systematic Reviews from the Cochrane Library

Cleavage stage versus blastocyst stage embryo transfer in assisted reproductive technology
Demián Glujovsky, Cindy Farquhar, Andrea Marta Quinteiro Retamar, Cristian Roberto Alvarez Sedo, Deborah Blake

School-based interventions for improving contraceptive use in adolescents
Laureen M Lopez, Alissa Bernholc, Mario Chen, Elizabeth E. Tolley

Endometrial injury for pregnancy following sexual intercourse or intrauterine insemination
Sarah F Lensen, Marlies Manders, Carolina O Nastri, Ahmed Gibreel, Wellington P Martins, Gabriella E Templer, Cindy Farquhar

New guidelines from the Royal College of Obstetricians and Gynaecologists

The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum (Green-top Guideline No.69)
This guideline summarises the evidence and how to manage women with hyperemesis gravidarum (HG)

Epilepsy in Pregnancy (Green-top Guideline No.68)
This guideline summarises the evidence on maternal and fetal outcomes in women with epilepsy (WWE).

Comprehensive Postabortion Care (Best Practice Paper No. 3)
This Best Practice Paper sets out the essential elements of postabortion care.

NHS Behind the Headlines

Many women think shaving pubic hair is 'hygienic'

Friday Jul 1 2016

"More women think shaving pubic hair is 'hygenic' [sic] despite greater health risks," The Independent reports. A US survey found more than half of women who groomed their public hair did so for hygiene reasons, despite evidence that shaving…

Study suggests that inflammation is behind period pain

Thursday Jun 23 2016

"Scientists have finally discovered why periods hurt so much, following a ground breaking study into menstrual pain," The Independent reports. A new study suggests that the pain is caused by acute inflammation, as measured by the C-reactive protein...

Upcoming Lunchtime Drop-in Sessions

The **Library and Information Service** provides free specialist information skills training for all UHBristol staff and students. To book a place, email: **library@uhbristol.nhs.uk**

If you're unable to attend we also provide **one-to-one** or **small group** sessions. Contact **library@uhbristol.nhs.uk** or **katie.barnard@uhbristol.nhs.uk** to arrange a session.

July (1pm)

Tue 5th	**Critical Appraisal**
Wed 13th	**Statistics**
Thurs 21st	**Information resources**
Fri 29th	**Literature Searching**

August (12pm)

Tue 2nd	**Critical Appraisal**
Wed 10th	**Statistics**
Thurs 18th	**Information resources**
Fri 26th	**Literature Searching**

Current Awareness database articles

If you require full articles please email: library@uhbristol.nhs.uk

Title: Perceptions of Human Papillomavirus (HPV) infection and acceptability of HPV vaccine among men attending a sexual health clinic differ according to sexual orientation.
Citation: Human vaccines & immunotherapeutics, Jun 2016, vol. 12, no. 6, p. 1542-1550, 2164-554X (June 2, 2016)
Author(s): Giuliani, Massimo, Vescio, Maria Fenicia, Donà, Maria Gabriella, Latini, Alessandra, Frasca, Mirko, Colafigli, Manuela, Farinella, Massimo, Rezza, Giovanni, Cristaudo, Antonio

Abstract: Our aim was to gain a better understanding of the knowledge about Human Papillomavirus (HPV) infection and attitudes toward the HPV vaccine among men at risk for sexually transmitted infections (STI). A self-administered questionnaire was completed by attendees of the largest STI Center in Rome, Italy, from April to June 2013. Determinants of vaccine acceptability were investigated using a Structured Equation Model. A total of 423 males participated in the survey: 296 (70.0%) men who have sex with men (MSM) and 127 (30.0%) men who have sex with women (MSW). Only one half of the participants knew that HPV is the cause of genital warts (56.9% of MSM vs. 49.5% of MSW, p=0.28). Even less were aware that HPV causes cancer in men (37.2% vs. 27.3%, p=0.08). MSW were more likely to indicate HPV as a cause of cervical cancer (80.8% vs. 69.3%, p=0.03) and to have heard about the vaccine (58.3 vs. 43.6%, p=0.01). Moreover, 72.1% of MSM and 70.3% of MSW were willing to be vaccinated. A rise of one-unit in the HPV awareness score increased the OR of vaccine acceptability among MSM by 25% (OR 1.25, 95%CI: 1.05-1.49; p=0.013). Differently, only attitudes had a relevant effect on willingness to be vaccinated among MSW (OR 3.32, 95%CI: 1.53-7.17; p=0.002). Efforts should be made to maximize awareness of HPV, especially as a causative agent of genital warts and male cancers, and to reinforce positive attitudes toward vaccination among men visiting STI centers.

Title: Funding policies and postabortion long-acting reversible contraception: results from a cluster randomized trial.
Citation: American journal of obstetrics and gynecology, Jun 2016, vol. 214, no. 6, p. 716.e1, 1097-6868 (June 2016)
Author(s): Rocca, Corinne H, Thompson, Kirsten M J, Goodman, Suzan, Westhoff, Carolyn L, Harper, Cynthia C

Abstract: Almost one-half of women having an abortion in the United States have had a previous procedure, which highlights a failure to provide adequate preventive care. Provision of intrauterine devices and implants, which have high upfront costs, can be uniquely challenging in the abortion care setting. We conducted a study of a clinic-wide training intervention on long-acting reversible contraception and examined the effect of the intervention, insurance coverage, and funding policies on the use of long-acting contraceptives after an abortion. This subanalysis of a cluster, randomized trial examines data from the 648 patients who had undergone an abortion who were recruited from 17 reproductive health centers across the United States. The trial followed participants 18-25 years old who did not desire pregnancy for a year. We measured the effect of the intervention, health insurance, and funding policies on contraceptive outcomes, which included intrauterine device and implant counseling and selection at the abortion visit, with the use of logistic regression with generalized estimating equations for clustering. We used survival analysis to model the actual initiation of these methods over 1 year. Women who obtained abortion care at intervention sites

were more likely to report intrauterine device and implant counseling (70% vs 41%; adjusted odds ratio, 3.83; 95% confidence interval, 2.37-6.19) and the selection of these methods (36% vs 21%; adjusted odds ratio, 2.11; 95% confidence interval, 1.39-3.21). However, the actual initiation of methods was similar between study arms (22/100 woman-years each; adjusted hazard ratio, 0.88; 95% confidence interval, 0.51-1.51). Health insurance and funding policies were important for the initiation of intrauterine devices and implants. Compared with uninsured women, those women with public health insurance had a far higher initiation rate (adjusted hazard ratio, 2.18; 95% confidence interval, 1.31-3.62). Women at sites that provide state Medicaid enrollees abortion coverage also had a higher initiation rate (adjusted hazard ratio, 1.73; 95% confidence interval, 1.04-2.88), as did those at sites with state mandates for private health insurance to cover contraception (adjusted hazard ratio, 1.80; 95% confidence interval, 1.06-3.07). Few of the women with private insurance used it to pay for the abortion (28%), but those who did initiated long-acting contraceptive methods at almost twice the rate as women who paid for it themselves or with donated funds (adjusted hazard ratio, 1.94; 95% confidence interval, 1.10-3.43). The clinic-wide training increased long-acting reversible contraceptive counseling and selection but did not change initiation for abortion patients. Long-acting method use after abortion was associated strongly with funding. Restrictions on the coverage of abortion and contraceptives in abortion settings prevent the initiation of desired long-acting methods.

Title: Posttraumatic stress disorder among low-income women exposed to perinatal intimate partner violence : Posttraumatic stress disorder among women exposed to partner violence.
Citation: Archives of women's mental health, Jun 2016, vol. 19, no. 3, p. 521-528, 1435-1102 (June 2016)
Author(s): Kastello, Jennifer C, Jacobsen, Kathryn H, Gaffney, Kathleen F, Kodadek, Marie P, Bullock, Linda C, Sharps, Phyllis W

Abstract: Women exposed to intimate partner violence (IPV) and other forms of lifetime trauma may be at risk for negative mental health outcomes including posttraumatic stress disorder (PTSD). The purpose of this study was to examine potential predictors of PTSD among low-income women exposed to perinatal IPV. This study analyzed baseline cross-sectional data from 239 low-income pregnant women in the USA who participated in a nurse home visitation intervention between 2006 and 2012 after reporting recent IPV. PTSD was assessed with the Davidson Trauma Scale (DTS) in which participants answer questions about the most disturbing traumatic event (MDTE) in their lifetime that affected them the week before the interview. In total, 40 % of the women were identified as having PTSD (DTS ≥40). PTSD prevalence significantly increased with age to nearly 80 % of women ages 30 and older (n = 23). Age was also the strongest predictor of PTSD ($p < 0.001$). Most participants (65 %) identified non-IPV-related traumas as their MDTEs. Psychological (94 %), physical (82 %), and sexual (44 %) violence were not significantly associated with PTSD status. Despite recent exposure to IPV, most participants identified other traumatic events as more disturbing than IPV-related trauma. Further, the risk for PTSD increased with age, suggesting that the cumulative effect of trauma, which may include IPV, increases the risk for PTSD over a lifetime. Implementing comprehensive screening for trauma during prenatal care may lead to the early identification and treatment of PTSD during pregnancy in a community setting.

Title: A prospective study of oral contraceptive use and colorectal adenomas.
Citation: Cancer causes & control : CCC, Jun 2016, vol. 27, no. 6, p. 749-757, 1573-7225 (June 2016)
Author(s): Charlton, Brittany M, Giovannucci, Edward, Fuchs, Charles S, Chan, Andrew T, Lee, Jung Eun, Cao, Yin, Missmer, Stacey A, Rosner, Bernard A, Hankinson, Susan E, Willett, Walter, Wu, Kana, Michels, Karin B

Abstract: The influence of reproductive factors on colorectal cancer, including oral contraceptive (OC) use, has been examined, but less research is available on OC use and adenomas. Participants of the Nurses' Health Study who had a lower bowel endoscopy between 1986 (when endoscopies were first assessed) and 2008 were included in this study. Multivariable logistic regression models for clustered data were used to estimate odds ratios and 95 % confidence intervals [OR (95 % CIs)]. Among 73,058 participants, 51 % (n = 37,382) reported ever using OCs. Ever OC use was associated with a slight increase in non-advanced adenomas [OR 1.11, 95 % CI (1.02, 1.21)] but not with any other endpoints. Duration of OC use was not associated with adenomas, but longer times since last OC use were associated with increased odds of adenomas [e.g., compared to never use, 15+ years since last use: OR 1.17 (1.07, 1.27)]. Shorter times since last OC use were inversely associated [e.g., ≤4 years since last use: OR 0.74 (0.65, 0.84)]. We observed a modest borderline increase in risk of colorectal adenomas with any prior OC use. Additionally, more recent OC use may decrease risk, while exposure in the distant past may modestly increase risk of adenomas.

Title: Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven year time trend analysis.
Citation: Child abuse & neglect, Jun 2016, vol. 56, p. 62-79, 1873-7757 (June 2016)
Author(s): Mathews, Ben, Lee, Xing Ju, Norman, Rosana E

Abstract: Child sexual abuse is widespread and difficult to detect. To enhance case identification, many societies have enacted mandatory reporting laws requiring designated professionals, most often police, teachers, doctors and nurses, to report suspected cases to government child welfare agencies. Little research has explored the effects of introducing a reporting law on the number of reports made, and the outcomes of those reports. This study explored the impact of a new legislative mandatory reporting duty for child sexual abuse in the State of Western Australia over seven years. We analyzed data about numbers and outcomes of reports by mandated reporters, for periods before the law (2006-2008) and after the law (2009-2012). Results indicate that the number of reports by mandated reporters of suspected child sexual abuse increased by a factor of 3.7, from an annual mean of 662 in the three year pre-law period to 2448 in the four year post-law period. The increase in the first two post-law years was contextually and statistically significant. Report numbers stabilized in 2010-2012, at one report per 210 children. The number of investigated reports increased threefold, from an annual mean of 451 in the pre-law period to 1363 in the post-law period. Significant decline in the proportion of mandated reports that were investigated in the first two post-law years suggested the new level of reporting and investigative need exceeded what was anticipated. However, a subsequent significant increase restored the pre-law proportion, suggesting systemic adaptive capacity. The number of substantiated investigations doubled, from an annual mean of 160 in the pre-law period to 327 in the post-law period, indicating twice as many sexually abused children were being identified.

Title: Preference for and efficacy of oral levonorgestrel for emergency contraception with concomitant placement of a levonorgestrel IUD: a prospective cohort study.
Citation: Contraception, Jun 2016, vol. 93, no. 6, p. 526-532, 1879-0518 (June 2016)
Author(s): Turok, David K, Sanders, Jessica N, Thompson, Ivana S, Royer, Pamela A, Eggebroten, Jennifer, Gawron, Lori M

Abstract: We assessed intrauterine device (IUD) preference among women presenting for emergency contraception (EC) and the probability of pregnancy among concurrent oral levonorgestrel (LNG) plus LNG 52 mg IUD EC users. We offered women presenting for EC at a single

family planning clinic the CuT380A IUD (copper IUD) or oral LNG 1.5 mg plus the LNG 52 mg IUD. Two weeks after IUD insertion, participants reported the results of a self-administered home urine pregnancy test. The primary outcome, EC failure, was defined as pregnancies resulting from intercourse occurring within five days prior to IUD insertion. One hundred eighty-eight women enrolled and provided information regarding their current menstrual cycle and recent unprotected intercourse. Sixty-seven (36%) chose the copper IUD and 121 (64%) chose oral LNG plus the LNG IUD. The probability of pregnancy two weeks after oral LNG plus LNG IUD EC use was 0.9% (95% CI 0.0-5.1%). The only positive pregnancy test after treatment occurred in a woman who received oral LNG plus the LNG IUD and who had reported multiple episodes of unprotected intercourse including an episode more than 5 days prior to treatment. Study participants seeking EC who desired an IUD preferentially chose oral LNG 1.5 mg with the LNG 52 mg IUD over the copper IUD. Neither group had EC treatment failures. Including the option of oral LNG 1.5 mg with concomitant insertion of the LNG 52 mg IUD in EC counseling may increase the number of EC users who opt to initiate highly effective reversible contraception. Consideration should be given to LNG IUD insertion with concomitant use of oral LNG 1.5 mg for EC. Use of this combination may increase the number of women initiating highly effective contraception at the time of their EC visit.

Title: Efficacy of ulipristal acetate for emergency contraception and its effect on the subsequent bleeding pattern when administered before or after ovulation.
Citation: Human reproduction (Oxford, England), Jun 2016, vol. 31, no. 6, p. 1200-1207, 1460-2350 (June 2016)
Author(s): Li, H W R, Lo, S S T, Ng, E H Y, Ho, P C

Abstract: Does ulipristal acetate (UPA) have similar efficacy as emergency contraception (EC) when administered before and after ovulation? The efficacy of UPA-EC was significantly better when administered before than after ovulation. Levonorgestrel (LNG) is effective as EC only when administered before, but not after ovulation. LNG EC taken in the pre-ovulatory and post-ovulatory phase results in shortening and lengthening of the index menstrual cycle, respectively. Whether the same applies to UPA is not known. Prospective, open-label clinical cohort study conducted on 700 women between May 2011 and March 2014. Seven hundred women requesting EC within 120 h after a single act of unprotected sexual intercourse in the index menstrual cycle were recruited at a community family planning clinic in Hong Kong. Each subject received a single oral dose of UPA 30 mg, and 693 of them completed follow-up. Ovulatory status at the time of UPA administration was determined by serum progesterone level supplemented by menstrual history and ultrasound tracking. The main outcome measure was the percentage of pregnancies prevented (PPP). The PPP was significantly higher in subjects who were pre-ovulatory (77.6%) compared with those who were post-ovulatory (36.4%) at the time of UPA administration ($P < 0.0001$). The observed pregnancy rate following UPA administration was significantly lower than the expected pregnancy rate only in the pre-ovulatory group ($P < 0.0001$), but not the post-ovulatory group ($P = 0.281$). The overall failure rate was 1.7% (1.4 versus 2.1% in the pre- and post-ovulatory groups, respectively). Pre-ovulatory administration of UPA resulted in a small delay (median of 3 days), whereas post-ovulatory administration resulted in a minimal advancement (median of 1 day) of the next menstruation, compared with that predicted from previous menstrual pattern. More pre-ovulatory subjects (19.1%) than post-ovulatory subjects (7.8%) had deviation of the next menses of more than 7 days ($P < 0.001$). The ovulatory status of the subjects was determined based only on menstrual history and a spot sonographic finding together with serum hormonal profile at the time of recruitment. Our findings confirmed comparable efficacy of UPA in the Asian population as in western populations. The comparison between pre- and post-ovulatory use of UPA is a novel finding, which provides insights to its possible pharmacological action. The UPA tablets were provided free of charge by

Laboratoire HRA Pharma, who were not involved in the design and execution of the study, or the drafting and final approval of the manuscript. The authors have no other conflicts of interest to declare.

Title: Transcutaneous acupoint electrical stimulation pain management after surgical abortion: A cohort study.
Citation: International journal of surgery (London, England), Jun 2016, vol. 30, p. 104-108, 1743-9159 (June 2016)
Author(s): Feng, Xiaozhen, Ye, Tianshen, Wang, Zedong, Chen, Xiufang, Cong, Wenjie, Chen, Yong, Chen, Pinjie, Chen, Chong, Shi, Beibei, Xie, Wenxia

Abstract: Transcutaneous acupoint electrical stimulation (TEAS) is a standard therapy for painful conditions. This study evaluated pain-relieving effects of treatment with TEAS before and after surgical abortion. In this cohort study 140 nulliparae requesting pregnancy termination with intravenous anesthesia from August to December 2013 at the outpatient clinic of Wenzhou Medical University First Affiliated Hospital were recruited and divided into three cohorts who received TEAS pre-, post-, and both pre- and post-operation, alongside a control group. The cohorts underwent TEAS treatment for 30 min before and/or after the procedure while the control group received no TEAS treatment. Pain levels were evaluated upon recovery at 10, 30, and 45 min, respectively, after abortion. Mean Visual Analog Scale (VAS) scores in pre-operation cohorts, but not the post-operation cohort, were significantly lower than those obtained for the control group at 10 min ($p < 0.01$). VAS scores at 30 min and 45 min postoperatively were similar in each cohort but lower than control values ($p < 0.001$). More cohort patients reported mild or no pain than control patients ($p < 0.05$); the pre-operation cohorts had more women with no pain compared with the post-operation group ($p < 0.05$). There were no differences among groups in medical treatment required after 45 min. There were fewer complications of nausea and vomiting in the cohorts compared with the control group ($p < 0.05$). Performing TEAS before and after surgical abortion provides postoperative pain relief. However, receiving TEAS before surgery allowed more women to experience mild or no pain. Transcutaneous acupoint electrical stimulation shows potential as an adjunct to conventional pain treatment following surgical abortion in nulliparae.

Title: Comparison between the traditional non-guided and a novel ultrasound-guided technique for office fitting of intrauterine contraceptive devices.
Citation: International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics, Jun 2016, vol. 133, no. 3, p. 338-341, 1879-3479 (June 2016)
Author(s): Elsedeek, Mervat S

Abstract: To investigate a novel method for in-office fitting of intrauterine contraceptive devices (IUCDs) by comparing it to the traditional non-guided technique. A prospective cohort study comparing the application of intrauterine contraceptives was conducted between January 1, 2013 and January 31, 2015 at a university contraception clinic, in Alexandria, Egypt. Patients aged 20-45years who were parous, had previously undergone vaginal or abdominal deliveries, and were requesting device insertion were included. Patients were randomly assigned to have devices fitted using the non-guided approach, with vaginal ultrasonography to plan and confirm device placement, or by the abdominal ultrasonography-guided technique. The primary outcomes were successful IUCD insertion and ideal device position 1week after insertion. Participants, counselors, and data analysts were masked to treatment assignments. Analyses included 40 patients in each treatment arm. Successful fitting was achieved in 32 (80%) patients in the non-guided arm and 39 (98%)

patients in the ultrasonography-guided arm (P=0.04). Ideal placement was achieved in 38 (95%) patients in the ultrasonography-guided arm compared with 27 (68%) patients in the non-guided arm (P=0.02). Ultrasonography-guided IUCD insertion demonstrated improved success and fitting accuracy in comparison with a traditional, non-guided approach.

Title: Implementation and Operational Research: Effectiveness and Patient Acceptability of a Sexually Transmitted Infection Self-Testing Program in an HIV Care Setting.
Citation: Journal of acquired immune deficiency syndromes (1999), Jun 2016, vol. 72, no. 2, p. e26., 1944-7884 (June 1, 2016)
Author(s): Barbee, Lindley A, Tat, Susana, Dhanireddy, Shireesha, Marrazzo, Jeanne M

Abstract: Rates of screening for bacterial sexually transmitted infections (STI) among men who have sex with men in HIV care settings remain low despite high prevalence of these infections. STI self-testing may help increase screening rates in clinical settings. We implemented an STI self-testing program at a large, urban HIV care clinic and evaluated its effectiveness and acceptability. We compared measures obtained during the first year of the STI self-testing program (Intervention Year, April 1, 2013-March 31, 2014) to Baseline Year (January 1, 2012-December 31, 2012) to determine: (1) overall clinic change in STI testing coverage and diagnostic yield and; (2) program-specific outcomes including appropriate anatomic site screening and patient-reported acceptability. Overall, testing for gonorrhea and chlamydia increased significantly between Baseline and Intervention Year, and 50% more gonococcal and 47% more chlamydial infections were detected. Syphilis testing coverage remained unchanged. Nearly 95% of 350 men who participated in the STI self-testing program completed site-specific testing appropriately based on self-reported exposures, and 92% rated their self-testing experience as "good" or "very good." STI self-testing in HIV care settings significantly increases testing coverage and detection of gonorrhea and chlamydia, and the program is acceptable to patients. Additional interventions to increase syphilis screening rates are needed.

Title: Urban Adolescents' and Young Adults' Decision-Making Process around Selection of Intrauterine Contraception.
Citation: Journal of pediatric and adolescent gynecology, Jun 2016, vol. 29, no. 3, p. 234-239, 1873-4332 (June 2016)
Author(s): Rubin, Susan E, Felsher, Marisa, Korich, Faye, Jacobs, Amanda M

Abstract: To examine adolescent and young adults' priorities, values, and preferences affecting the choice to use an intrauterine contraceptive device (IUD). Qualitative exploratory study with analysis done using a modified grounded theory approach. Outpatient adolescent medicine clinic located within an academic children's hospital in the Bronx, New York. Twenty-seven women aged 16 to 25 years of age on the day of their IUD insertion. We conducted semistructured interviews exploring participant's decision making process around selecting an IUD. We were specifically interested in elucidating factors that could potentially improve IUD counseling. We identified 4 broad factors affecting choice: (1) personal; (2) IUD device-specific; (3) health care provider; and (4) social network. Most of the participants perceived an ease with a user-independent method and were attracted by the high efficacy of IUDs, potential longevity of use, and the option to remove the device before its expiration. Participants described their health care provider as being the most influential individual during the IUD decision-making process via provision of reliable, accurate contraceptive information and demonstration of an actual device. Of all people in their social network, mothers played the biggest role. Adolescents and young women who choose an IUD appear to value the IUDs' efficacy and convenience, their relationship with and elements of clinicians' contraceptive counseling, and their mother's support. Our results suggest that during IUD

counseling, clinicians should discuss these device-specific benefits, elicit patient questions and concerns, and use visual aids including the device itself. Incorporating the factors we found most salient into routine IUD counseling might increase the number of adolescents and young women who choose an IUD as a good fit for them.

Title: The Circle of Female Sexual Desire-Have We Come a Long Way?
Citation: Nursing for women's health, Jun 2016, vol. 20, no. 3, p. 235-238, 1751-486X (2016 Jun-Jul)
Author(s): Katz, Anne

Abstract: Ever since the release of sildenafil (Viagra) two decades ago to treat erectile dysfunction in men, there has been a conversation around whether there is a need for a "female Viagra." Last year's release of flibanserin (Addyi) was hailed by some as an achievement in women's sexual health. But how effective is this drug in affecting women's sexual desire? And are the things being labeled as women's sexual desire problems really problems to be fixed with a drug?

Title: Flibanserin and Female Sexual Desire.
Citation: Nursing for women's health, Jun 2016, vol. 20, no. 3, p. 309-314, 1751-486X (2016 Jun-Jul)
Author(s): Fantasia, Heidi Collins

Abstract: Female hypoactive sexual desire disorder (HSDD) is one type of sexual problem that can affect women. It is characterized by low or absent sexual desire that cannot be attributed to another cause and results in difficulty in interpersonal relationships. HSDD is not well understood, and women may not report symptoms of difficulties to their health care providers. In August 2015, the U.S. Food and Drug Administration approved flibanserin, a nonhormonal oral medication for the treatment of HSDD in premenopausal women. Flibanserin is the only currently available pharmacologic treatment for HSDD. This article will provide an overview of flibanserin, including potential adverse reactions, special considerations for use, and implications for nursing practice.

Title: Randomized Controlled Trial of Home-Based Hormonal Contraceptive Dispensing for Women At Risk of Unintended Pregnancy.
Citation: Perspectives on sexual and reproductive health, Jun 2016, vol. 48, no. 2, p. 93-99, 1931-2393 (June 2016)
Author(s): Melnick, Alan L, Rdesinski, Rebecca E, Marino, Miguel, Jacob-Files, Elizabeth, Gipson, Teresa, Kuyl, Marni, Dexter, Eve, Olds, David

Abstract: Women frequently experience barriers to obtaining effective contraceptives from clinic-based providers. Allowing nurses to dispense hormonal methods during home visits may be a way to reduce barriers and improve -effective contraceptive use. Between 2009 and 2013, a sample of 337 low-income, pregnant clients of a nurse home-visit program in Washington State were randomly selected to receive either usual care or enhanced care in which nurses were permitted to provide hormonal contraceptives postpartum. Participants were surveyed at baseline and every three months postpartum for up to two years. Longitudinal Poisson mixed-effects regression analysis was used to examine group differences in gaps in effective contraceptive use, and survival analysis was used to examine time until a subsequent pregnancy. Compared with usual care participants, enhanced care participants had an average of 9.6 fewer days not covered by effective contraceptive use during the 90 days following a first birth (52.6 vs. 62.2). By six months postpartum, 50% of usual care participants and 39% of enhanced care participants were using a long-acting reversible contraceptive (LARC). In analyses excluding LARC use, enhanced care participants had an average of

14.2 fewer days not covered by effective contraceptive use 0-3 months postpartum (65.0 vs. 79.2) and 15.7 fewer uncovered days 4-6 months postpartum (39.2 vs. 54.9). Home dispensing of hormonal contraceptives may improve women's postpartum contraceptive use and should be explored as an intervention in communities where contraceptives are not easily accessible.

Title: Provision of contraception after emergency contraception from the pharmacy: evaluating the acceptability of pharmacy for providing sexual and reproductive health services.
Citation: Public health, Jun 2016, vol. 135, p. 97-103, 1476-5616 (June 2016)
Author(s): Michie, L, Cameron, S T, Glasier, A, Chen, Z E, Milne, D, Wilson, S

Abstract: Community pharmacies in the United Kingdom (UK) provide sexual and reproductive health (SRH) services such as emergency contraception (EC), although there is scope for provision of additional services. We conducted a pilot study of pharmacy based interventions for initiating effective contraception after EC. By determining the views of participating women and pharmacists we aimed to identify barriers and facilitators to providing interventions from pharmacies routinely. In the pilot study, women presenting for levonorgestrel EC to community pharmacies, were provided with either standard care or one of two interventions: one packet of progestogen-only pills (POPs); or an invitation to present the empty EC packet to a local family planning clinic for contraception. A sample of women participating were asked to undergo a further interview. Operational difficulties with research in the community pharmacy were also documented by the research team. Semi-structured interviews were conducted with 12 women, four from each arm of the pilot study, using a standardised topic guide. Pre- and post-study interviews were conducted with the pharmacists involved. All women welcomed the interventions indicating the benefit of having different options available. They also identified possible advantages and disadvantages of each intervention. All pharmacists were positive about their involvement in the study. Methodological problems included difficulty in retention of participating pharmacists, slow recruitment and failure to accurately complete study paperwork. Women welcomed the interventions offered. Pharmacists viewed their participation in the study positively. The problems encountered provide valuable feedback to inform the development larger scale studies of such interventions.

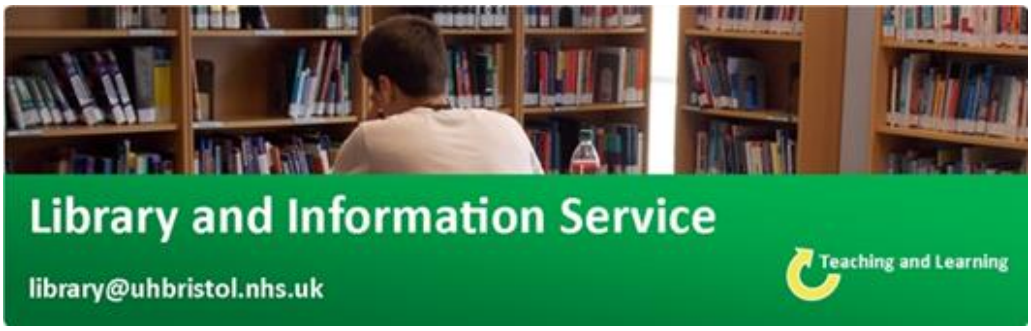
Title: Dealing with patients facing a history of sexual abuse: A cross-sectional survey among Dutch general practitioners.
Citation: The European journal of general practice, Jun 2016, vol. 22, no. 2, p. 126-133, 1751-1402 (June 2016)
Author(s): Birkhoff, Eleonore M L, Krouwel, Esmée M, Nicolai, Melianthe P J, de Boer, Bert-Jan, Beck, Jack J, Putter, Hein, Pelger, Rob C M, Elzevier, Henk W

Abstract: Sexual abuse (SA) is a common problem. As the primary confidant, the general practitioner (GP) has a valuable role in identifying a history of abuse, specifically with regard to the commonly performed pelvic examination for cervical cancer screening. This study focused on GPs' practice patterns, knowledge, training need and barriers concerning asking patients about SA. Furthermore, it was investigated who performs the cervical smear within the practice and if SA is taken into consideration. The authors constructed a 31-item questionnaire, which was sent to a group of 730 Dutch GPs in September 2012. The response rate was 49.3%. Half of the 357 responding GPs asked their patients about SA sometimes. The majority (76.2%) stated they had some knowledge of SA. The most important barriers for not asking were 'no angle or motive for asking' (81.6%), 'presence of third parties' (73.1%), and 'not enough training' (54.1%). In most practices (84.3%), the nurse practitioner (NP) was assigned to perform the cervical smears, of which 34.8% presumably never ask about SA in advance. Additional training was in need according to 68.6%. GPs desired a clinical practice guideline regarding the counselling of SA (83.5%). This study showed SA is an under-

evaluated problem in general practice, yet GPs are motivated to improve knowledge and counselling skills. NPs perform most of the cervical smears, but the majority never or rarely asked about SA in advance. Educational training and a clinical guideline regarding SA would be appreciated and hence recommended.

Title: Assessment of Sexual Function in Infertile Women in a Gynecological Care Setting.
Citation: The journal of sexual medicine, Jun 2016, vol. 13, no. 6, p. 938-944, 1743-6109 (June 2016)
Author(s): Lara, Lúcia Alves da Silva, Coelho Neto, Marcela de Alencar, Martins, Wellington de Paula, Ferriani, Rui Alberto, Navarro, Paula Andrea

Abstract: Infertility has a high prevalence worldwide. There is also a high prevalence of sexual problems, mainly in gynecological care settings, but many women are unlikely to discuss sexual problems with their physicians. To verify how second-year gynecology residents (SGRs) assess the sexual function of infertile women who are undergoing assisted reproductive techniques (ART) at a single infertility tertiary care center in Brazil. Medical records of patients. This retrospective cohort study evaluated all medical records of women who underwent in vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI) between January 2011 and December 2012 at a fertility clinic of the Hospital das Clinicas of Ribeirão Preto Medical School, University of São Paulo. A total of 616 women underwent ART during the study period. The mean patient age was 34.5 ± 4.4 years, mean weight was 65.6 ± 12.4 kg, mean height was 163 ± 0.6 cm, and mean body mass index (BMI) was 24.8 ± 4.3 kg/m(2). We classified the methods that medical residents used to assess the sexual frequency of these women as a numerical method, by categorization, or none (no assessment). A total of 26.7% (n = 166) of the SGRs did not assess female sexual function and 26.2% (n = 163) made assessments using categorization. SGRs who used a numerical method rather than categorization to classify the sexual frequency of their female patients were more likely to record answers to other questions on sexual desire, arousal, and orgasm. SGRs typically do not assess female sexual function in infertile couples. There was considerable heterogeneity among SGRs in their assessment of coital frequency and female sexual function.



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