Primary Care Women's Health Forum

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e-update

A WORD FROM THE CHAIR

I hope everyone's New Year has got off to a good start. Last year was a busy and exciting year for the Forum, and we look forward to continuing to support our members through training, webinars, events and publications in 2018. As ever, if you have any work that you think would be of interest to our members, please contact us - all details are at the bottom of the e-update.

Fertility is a complex issue:

- Around 1 in 7 heterosexual couples in the UK seek advice at some time in their lives about difficulties in getting pregnant.
- Women's fertility rates fall with age BUT the NATSAL 3 survey confirms that women are giving birth to their first child later: http://www.natsal.ac.uk/media/2102/natsal-infographic.pdf
- The current rise in obesity reduces fertility.
- There is a postcode lottery for assisted conception funding.

The NICE Fertility problems: assessment and treatment [CG156] https://www.nice.org.uk/guidance/CG156 published in 2013 was updated in September 2017 with the removal of section 1.7 due to the publication of the endometriosis guideline.

The Fertility problems quality standard [QS73] published in 2014 offers useful audit tools for personal practice: https://www.nice.org.uk/guidance/qs73/chapter/List-of-quality-statements

Fertility consultations are usually emotional and require couple-centered care. In primary care our role is to:

- Support the couple and offer lifestyle advice to both partners to help improve their conception chances
- Optimise any long-term conditions and medication prior to conception
- Recommend supplementation with vitamin D and folic acid or referring for preconceptual care in high risk women
- Follow NICE recommendations regarding timing of investigations and referral

Dr Pauline Brimblecombe is a GP with an interest in fertility and a talk she gave made fertility care simple to understand:

Pregnancy requires:

- *An egg*
- *A sperm*
- *A pathway for the egg to meet the sperm*
- *A receptive endometrium for the fertilised egg to implant.*

Primary care tests are therefore simple and logical. Follicle-stimulating hormone (FSH) is a surrogate marker for ovarian egg supply. The timing of the test is important and should be performed between day two and five of a menstrual cycle for the result to be useful. If menstruation occurs regularly between 24-35 days then other hormonal tests are not indicated, although mid-luteal phase progesterone levels are required before referral in some areas. Good practice does include a rubella titre in case immunisation is required prior to conception.

However many children have been conceived previously by the male partner a recent sperm count is also essential before further invasive investigations are performed on the woman.

Fertility is one aspect of healthcare that has been selected by many areas for funding and referral restrictions, against NICE recommendations, so local criteria should be explained before referral. This allows the couple realistic and appropriate understanding about any anticipated future funding requirements or investigation restrictions (including restrictions for women with BMI of < 18 or > 30, smoking or previous children to either partner).

The British Fertility Society have a series of Quick Guides covering various aspects of fertility assessment and treatment which are published and free to access on their website. These aim to help patients and clinicians understand some of the issues and the terminology used when discussing fertility, management and investigations.

https://britishfertilitysociety.org.uk/public-resources/

Dr Anne Connolly
Chair, Primary Care Women's Health Forum

RECENT GUIDELINES & PAPERS

Guidelines

The 2017 Hormone Therapy Position Statement of The North American Menopause Society (NAMS) has been published and is an update of the 2012 Hormone Therapy Position Statement.

The recommendations from the advisory panel are that Hormone Replacement Therapy (HRT) remains the most effective treatment for vasomotor symptoms and the genitourinary syndrome of menopause and has been shown to prevent bone loss and fracture.

HRT risks depend on type, dose, duration of use, route of administration, timing of initiation, and whether a progestogen is added. Individual assessment is required to determine the type, dose, formulation, route of administration, and duration of use of HRT to minimise risks with periodic review.

For women aged under 60 or who are within 10 years of menopause onset and have no contra-indications, the benefit-risk ratio is most favourable for treatment of vasomotor symptoms and for those at elevated risk for bone loss or fracture. For women who start HRT after the age of 60, the benefit-risk ratio is less favourable because of the greater absolute risks of coronary heart disease, stroke, venous thrombo-embolism, and dementia. Longer treatment courses require documentation of ongoing vasomotor symptoms or anticipated bone loss, with shared decision making and annual review.

Genito-urinary symptoms of the menopause symptoms may be treated with low-dose vaginal estrogen therapy or other therapies.

http://www.menopause.org/docs/default-source/2017/nams-2017-hormone-therapy-position-statement.pdf

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Papers

Guidelines in Practice have recently published two excellent top tip papers for use by primary care clinicians:

Guidelines top tips – perinatal mental health
https://www.guidelinesinpractice.co.uk/mental-health/practical-implementation-tips-perinatal-mental-health-problems/453729.article?utm_source=MGP%20Ltd&utm_medium=email&utm_campaign=8945947_Top%20tips%20%5BGinP%5D&dm_i=HEZ,5BQQJ,7SZHKC,KKA1Z,1

Guidelines top tips – ovarian cancer
https://www.guidelinesinpractice.co.uk/cancer/practical-implementation-tips-ovarian-

cancer/352910.article?utm_source=MGP%20Ltd&utm_medium=email&utm_campaign=8945947_Top%20tips%20%5BGinP%5D&dm_i=HEZ,5BQQJ,7SZHKC,KKA1Z,1

Young women who have been immunised against HPV are now reaching the cervical screening age. Changes are already being seen to colposcopy referrals and further are anticipated. A paper has been published in the Lancet predicting the changes to cervical cancer deaths by 2040 which makes an interesting read.
http://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30222-0.pdf

CLINICIAN RESOURCES

Jo's Trust have published useful teaching resources on their website to increase the uptake of HPV immunisations and of cervical screening.

https://www.jostrust.org.uk/information-healthcare-professionals/information-teachers?mc_cid=a3105e9d24&mc_eid=9ce0729a03

Cuts, closures and contraception

A recent report from the Advisory Group on Contraception (AGC) has revealed the extent to which contraceptive services in England are being cut or reduced. Headline findings, from a Freedom of Information (FOI) request audit of local authority provision of contraceptive care, show that half of all councils have cut spending on contraception in this current financial year, and nearly two thirds have made cuts to their overall sexual and reproductive health services in the last two years. The number and volume of contracts with general practice to provide long-acting reversible contraception (LARC) has also reduced. The AGC calls for action from government, the NHS and local authorities to provide access to the full range of contraceptive methods and protect this essential part of women's healthcare.
http://theagc.org.uk/wp-content/uploads/2017/11/AGC_Report-Final-2017.pdf?mc_cid=2f600c393f&mc_eid=ff65b44b98

PHE STI information
Infographic demonstrating changes to STI diagnoses including an 8% reduction in genital warts between 2015 and 2016.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/617026/STI_NCSP_infographic_poster_2017.pdf

Latest STI statistics report available at:
https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-

tables

Download AGC Report

PATIENT INFORMATION

Sexual Advice Association leaflets

Including:

- Sex and ageing
- Women's sexual problems
- Lack of sexual desire/arousal
- Pain during and after sex

https://sexualadviceassociation.co.uk/factsheets/for-women/for-women-factsheets/

RCOG published patient information on Group B Streptococcus (GBS) in pregnancy and newborn babies.
https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-gbs-pregnancy-newborn.pdf

Free to order *Just can't wait card* for use by those with bowel or bladder problems where waiting in a toilet queue is difficult.
https://www.bladderandbowel.org/help-information/just-cant-wait-card/

CONTACT

General Enquiries

Any comments, queries or for general information.
> email us

Submissions

If you have any work which you think could be of interest to our members, please submit it for review.
> email us

Press

If you would like us to comment or have a story of interest, please get in touch.
> email us

Sponsorship

We have a number of sponsorship opportunities available. Please contact us to discuss a package that suits you.
> email us