

Handbook of Contraception and Sexual Reproductive Healthcare



Handbook of Contraception and Sexual Reproductive Healthcare

Edited by

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More Information

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To

Claudia and Aasia

For their support, patience and endless love all these years and especially during the editing of this volume which we trust will help to improve standards of care in sexual and reproductive healthcare globally.

Johannes and Tahir



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Preface

The World Health Organization (WHO) has defined sexual and reproductive healthcare as:

A state of complete physical, mental and social well-being, in all matters relating to the reproductive system. It addresses the reproductive processes, functions and systems at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

There is a huge unmet need for sexual and reproductive healthcare globally and it is much more marked in middle-income and low-resourced countries. WHO and United Nations Population Fund data clearly show that the incidence of illegal abortion for untimed pregnancies, sexually transmitted infections and maternal mortality rates remain unacceptably high. One of the reasons for failure to achieve WHO objectives is lack of a fully-trained multi-disciplinary workforce in sexual and reproductive care which could deliver these services in a sensitive and patient-focused manner.

The concept of sexual and reproductive healthcare (SRH) broadly covers all aspects of the lives of individuals on a gender neutral basis. So it is no longer merely confined to the provision of contraception care and safe abortion services. Its broader scope also includes other aspects of the life cycle such as prevention of sexually transmitted infection, prevention and screening for cervical cancer, future fertility aspects and planning for pregnancy, dealing with sexual dysfunction and help and care for victims of sexual violence.

The fulfillment of these needs and realisation of the objective of ensuring good SRH care depends on many factors, including the socioeconomic condition of a country, availability of the health system and the legal framework to deliver these services, health policy priorities and culture and beliefs of women and men with respect to reproduction and sexuality, but an appropriately trained workforce remains a fundamental requirement.

The European Board and College of Obstetrics and Gynaecology (EBCOG) and European Society of Contraception and Reproductive Healthcare (ESC) have long recognised that, within the wide diversity of healthcare service systems, there is a clear gap in relation to a multiskilled multi-disciplinary workforce. EBCOG published European Standards of Care in Gynaecology in 2014 which provide comprehensive guidance for the delivery of integrated SRH services in the community. Both organisations have now embarked upon an ambitious cross-professional educational programme involving nurses, midwives, family physicians and specialists in obstetrics and gynaecology to develop qualified SRH providers to deliver integrated SRH services as described in the document.

Currently, professionals from different backgrounds and training are involved in the provision of SRH. Nurses, midwives, general practitioners, obstetricians and gynaecologists, and other specialists like urologists, psychiatrists, sexologists and doctors in internal medicine all follow different curricula and training, covering the field in different parts of the program and with different levels of complexity, but there are no well-defined competency levels.

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The opportunities for structured training and assessment vary for different professionals in different countries, due to the lack of well-defined programs of training and agreed competency levels.

By working together, EBCOG and ESC have developed a pan-European curriculum for different levels of service provision according to the standards of care described by EBCOG.

This curriculum is competency-based with learning objectives for each level regarding knowledge, skills and attitudes. Based on this curriculum and the respective teaching material, the aim is to provide the basis for quality assurance of knowledge and skills which will be tested by structured examinations on SRH care at different levels of competencies.

This handbook is part of this larger ambitious project.

In a concise and short form it gives an overview of the different fields of care for everyday use and, at the same time, it comprises the basic knowledge required for the examinations.

The handbook covers the following aspects:

Contraception, with chapters on counselling, all available contraceptive methods for women and men including emergency contraception; contraception in women with medical conditions; the interaction of drugs with contraception; contraception during different life phases; contraception for the LGBT community; contraception in disabled people.

Basic reproductive healthcare is represented with a comprehensive chapter on **subfertility** including diagnosis in the female and male and treatment options for couples including LGBT.

The principles and practice of **abortion care** are described from surgical to medical interventions with the methods used at different weeks of a pregnancy.

The screening, diagnosis and treatment of **sexually transmitted diseases** is described from the perspective of the primary healthcare provider, with basic structured information about the different pathogens, the clinical picture during pregnancy and postpartum, the challenge of pelvic inflammatory disease and the management of these conditions including partner tracing.

Another part of SRH prevention is the prevention and early detection of diseases. The main example during the reproductive phase is cervical cancer which is dealt with in a chapter on **cervical cancer screening** describing the various steps, from immunisation to early detection of disease.

The basic principles and practice of **sexual healthcare** is described in chapters on general **sexual counselling**, basic care for women and men with **sexual dysfunctions** and the challenges and specific ways to **care for victims of sexual violence**.

The final chapter gives an overview on the standards of care in these different domains underscoring the fact that these different fields are interconnected and the problems and solutions overlap to a large degree. These facts demand integrated services to allow the best quality of SRH care for the millions of women in need.

The aim of this book is to contribute towards reaching the United Nations millennium goals for SRH globally.

Johannes Bitzer and Tahir Mahmood