

P044 CONTRACEPTION CONTINUATION RATES IN THE UNDER 18S

Katie Lawton*, Tessa Malone. *Stockport Sexual Health, Manchester, UK*

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Introduction England has one of the highest teenage pregnancy rates in Europe. Although there is a wide selection of available contraceptives, they must be used consistently and correctly to prevent pregnancy.

There is limited data on contraception continuation rates in teenagers in the UK.

This audit aims to establish baseline continuation rates of the contraceptive pill/injection in <18's within a sexual health service.

Methods A retrospective audit on all 305 <18's started on the contraceptive pill/injection between Jan-March 2014. Continuation rates at 6 and 12 months were compared with the 2002 National Survey of Family Growth in the United States, standards cited by FSRH guidance.

Results The continuation rates of the combined oral contraceptive pill (COC) at 6 and 12 months were 59% and 44.9% respectively, the progesterone only pill (POP) were 37.3% and 23.6% respectively and the injection were 60% and 22.9% respectively.

Discussion The continuation rates were lower than the standard when compared with women of all ages. However, using age-adjusted rates, the COC continuation rate exceeded the standard by 3%, and the POP and injection rates were closer to the standard.

The COC had the highest continuation rate, suggesting the COC should be the method of choice in <18's.

Continuation rates dropped off more sharply in the first 6 months, suggesting this is the crucial time to remind, educate and engage with teenagers.

Continuation rates were higher in the section of the service with a dedicated vulnerable young persons' worker.

P045 VAGINAL INFECTIONS AND CONTRACEPTION – RESULTS OF A PATIENT QUESTIONNAIRE

¹Harriet Wallace*, ¹Nadia Ekong, ¹Michelle Loftus-Keeling, ²Jonathan Ross, ³Catherine Armitage, ¹Janet Wilson. *¹Leeds Sexual Health, Leeds Teaching Hospitals Trust, Leeds, UK; ²University Hospital Birmingham NHS Foundation Trust, Birmingham, UK; ³Leeds Student Medical Practice, Leeds, UK*

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Introduction Bacterial vaginosis (BV) and candida are common problems among females using contraception. Associations between BV/candida and different contraception are described but not proven.

Aim(s)/objectives Establish knowledge of BV/candida among contraceptive users. Assess whether future research on BV/candida and contraception would interest patients.

Methods Surveys were distributed to females at two sexual health clinics and a student General Practice by staff not seeing patients. Responses were anonymous. Questions included knowledge of BV/candida, existing contraception, future contraceptive choices related to BV/candida and importance of research findings.

Results 298 completed a survey; 157/298 attending for contraception (90% using/starting a method), 141/298 attending for other sexual health reasons/GP consultation. Of 157

contraception patients, 22% were <20yrs, 96% were <35yrs. Overall, 40% had heard of BV and 39% of candida but in <20yrs, 26% had heard of BV, 17% candida. 47% were interested in outcomes of further research between BV/candida and contraception (30% neutral, 17% not interested), rising to 56% in those who had heard of BV and/or candida. Similar results were seen in surveys from 141 females not attending for contraception (58% interested if heard of BV and/or candida). 81% stated they would definitely/probably change from a contraceptive if it was proven to increase the development of BV/candida, and they acquired the infection.

Discussion There is patient interest in further research assessing associations between contraception and BV/candida, which would influence contraception choices. Patients preferred more knowledge on any links between contraceptive types and BV/candida rather than number of recurrences or persistence of symptoms.

P046 3 CASES OF TRICHOMONAS VAGINALIS INFECTION IN PREGNANCY

Emily Cheserem*, Katie Conway, Anne Forrester, Emma Street, Farah Chaudhry, Amy Mammen-Tobin.

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Introduction Trichomonas vaginalis (TV) is not common in the UK, with under 7,000 cases in 2015. It is associated with poor pregnancy outcomes, and consensus on treatment pathways in persistent infection is needed. We present 3 cases of TV infection in pregnancy from 2 UK centres.

Methods A retrospective review of electronic case records was performed.

Results The median age was 21 years (range 20–31), with a median presentation at 13 weeks (range 7–22). Discharge was the main presenting symptom. Initial microscopy was performed in 2/3 and was positive; culture was positive in 3/3. All patients initially received oral Metronidazole 400mg twice daily for 5–7 days. At test of cure (TOC), one patient (Pt 1) remained positive, the second (Pt 2) did not attend, and the third (Pt 3) was negative. However, Pt 2 and Pt 3 re-presented after 5 weeks and 3 months, respectively: Pt 2 reported poor adherence; Pt 3 denied poor adherence or re-infection risk. All underwent further treatment. Pt 1 required 3 treatment courses before cure was achieved, with Metronidazole 800mg tds for 1 week. Pt 2 received 4 courses of oral or IV Metronidazole; she awaits TOC. Pt 3 received 5 different antibiotic courses, then opted to deliver and wean her baby before re-engaging with care. All denied re-infection risk after the second treatment.

Discussion Factors that contribute to persistent TV infection in pregnancy include re-infection, poor adherence, resistance, poor engagement, and concerns about teratogenicity. Further research is needed to identify the optimal treatment strategy.

P047 MANAGEMENT OF PATIENTS USING INTRAUTERINE CONTRACEPTION DEVICE- HOW A 3D SCAN CAN HELP TO MAKE A DIAGNOSIS?

Najia Aziz. *Solent NHS Trust, Portsmouth, UK*

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Introduction 3D scanning can enhance the ability of a clinician to make an accurate diagnosis. The aim of this study was to evaluate the usage of 3D scanning in making a correct diagnosis of uterine anomalies and location of intrauterine contraception (IUC).

Methods It was a retrospective analysis of patient's notes that had 2D and 3D ultrasound done in Sexual and Reproductive healthcare clinic over a period of 6 months. All patients who had ultrasound done in relation to coil were included. The exclusion criteria were when ultrasound was done in terms of pelvic pain or bleeding and patient was not using IUC.

Results 90 patients were included in the analysis and all of them had both; 2D and 3D ultrasound. 57% of patients attended clinic with lost threads. 13% had bleeding problems and 8% had unsuccessful removal/insertion previously.

On ultrasound examination, 88% had coil placed at fundal location and 7% had low lying coil. 5% of patients had myometrial penetration of coil. 38% of patients were reassured about coil location and in 35% of cases coil was either removed or replaced. Gynaecology referral was done in 12%. 1 patient was diagnosed with sub-septate uterus.

Discussion This study has shown that 3D scanning enhances the image quality by facilitating in the accurate location of coil especially in cases of myometrial penetration. It also helped in diagnosis of sub-septate uterus, which is not easily plausible with 2D scanning.

P048 ATTITUDE OF HEALTHCARE PROFESSIONALS' AND HEALTHCARE STUDENTS' ATTITUDES TOWARDS TEENAGE PREGNANCY AND PARENTING

Anne-Marie Taylor. *Barts and the London University, London, UK*

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Introduction Britain used to be known for its high rates of teenage pregnancy. It was labelled a 'shameful record' by the Labour government and the Teenage Pregnancy Strategy was launched. Rates of teenage pregnancy are falling. 3.4% of babies born in 2015 were to mothers under the age of 20, compared with 10.3% in 1970. Teenage pregnancy is strongly associated with social disadvantage and health problems. Studies have been done into life outcomes of teenage parents but there is limited research about attitudes of healthcare professionals towards this group.

Methods An original 12 part questionnaire was designed to assess attitudes towards teenage pregnancy and parenting. 502 questionnaires were returned. A scoring system was devised (1–5) with 5 being a positive view and 1 being negative view using a Likert scale. Respondents could leave comments in the free text sections.

Results 55% of respondents think that teenage pregnancy is a public health problem. 18% had been affected by teenage pregnancy in their personal lives. 85% of respondents interact with teenage parents as part of their job role. 49% of HCPS would be happy discussing contraception with a patient of any age.

Improved access to contraception was the most favoured intervention to reduce teenage pregnancy followed by media campaigns aimed at teenagers.

Discussion Teenage pregnancy can be an emotive topic and it is important to be aware of the potential stigma teenage parents may receive. This research also showed some interesting differences between attitudes towards male and female teenage parents.

P049 EVALUATING THE USE OF LONG-ACTING REVERSIBLE CONTRACEPTIVES; WHAT CAN BE DONE TO IMPROVE UPTAKE?

¹Caitlin Gorman, ²Wesley Tensel. ¹University of Manchester, Manchester, UK; ²Wellfield Medical Centre, Manchester, UK

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Introduction Despite an improvement in the rate of unplanned pregnancies in England, the problem persists, particularly in the teenage population, with a large proportion of these conceptions being attributed to contraceptive failure. The OCP and male condoms remain the most widely used contraceptives, which considering their dependence on user-compliance is worrying. Long-acting reversible contraceptives are an alternative with much lower failure rates, partially attributable to the removal of this concern.

Methods An audit was carried out at Wellfield Medical Centre in Manchester, one of the areas with persistent high teenage pregnancy rates.

Results A review of records highlighted that the OCP remained the most commonly prescribed contraceptive in women over the preceding year. LARC accounted for only 29% of the new prescriptions given to 15–24 year olds and 41% of under-35s, with LARC being favoured only in the older population.

Discussion This was in keeping with the literature, which suggested that social norms and negative experiences of friends and family are accountable, along with a lack of education of LARC compared with other methods. These findings indicate that an improvement in the awareness of safety and efficacy of LARC is necessary, particularly in this young population. This should be initiated in a practice context, but the wider reach of social media may be required to ensure an adequate impact. The skill and ability of providers to counsel women on LARC needs to be addressed, as does an increase in time available for counselling and detailed recording of these discussions.

P050 THE UPTAKE OF LARC'S IN ADDRESSING SUBSEQUENT UNPLANNED PREGNANCIES IN YOUNG WOMEN

Rochelle Hamilton. *Barwon Health, Geelong, Australia*

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Introduction To decrease the number of subsequent unplanned pregnancies in young women presenting to one regional public health service and to note the barriers to the overall uptake of contraceptive options.

Methods Young mothers referred for antenatal care received consistent and regular education about contraceptive options. The young women attending were up to the age of 21 years. Contraceptive options that were utilised at the time of becoming pregnant consisted of combined oral contraceptive pill (COCP), condoms, withdrawal or none. The use of the Choices Contraceptive Chart aided in the process to support the efficacy of long acting reversible contraceptive methods (LARC).

Results Total number of births within this public hospital for 2012 – 13 combined was 4,494. Of this, 276 were to mothers 21 years and younger. Total number of births for 2014 – 15 combined were 5,488 with 240 to mothers 21 years and younger. Health care professionals (HCP) education and