

disappointing that rates are comparable to those seen in the general population. The proportion of women who had cervical cytology in the last year has improved from 47.3% to 74.6%.

P240 **EVALUATING CURRENT CONTRACEPTIVE PRACTICE IN WOMEN ATTENDING TERMINATION OF PREGNANCY SERVICES IN GLASGOW**

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Background/introduction Despite free contraception in Scotland, over 12,000 terminations of pregnancy (TOP) are carried out annually at great financial cost.

Aim(s)/objectives To quantify methods of contraception in women presenting with unintended pregnancy at a large urban integrated sexual health unit, to identify reasons for failure.

Methods A retrospective case note review of a random sample of 100 women attending termination referral services between October 2013–March 2014.

Results Of attendees, mean age was 26 years. 38% had used male condoms. 35% “no contraception”. 25% Oral contraceptive pill. 24% of condom users and 43% of COCP reported imperfect use. Additionally, 9% fell pregnant despite reported use of emergency contraception. 45% had undergone at least one therapeutic termination previously, of these: 22% reporting no use of contraception at time of conception. 4% no contraception ever. 44% of repeat attenders and 28% of whole sample reported using LARC methods in the past. 63% of women stated intention to undertake a LARC method post-procedure, however it is not clear if these were implemented.

Discussion/conclusion Large numbers of repeat TOPs suggests problems with uptake of reliable contraception post-procedure. Counselling at initial consultation – especially for repeat attendees; specific post-termination clinics and support; interventions and education targeted at high risk groups; and advocated use of LARC should reduce repeat procedures. LARC methods of contraception should continue to be encouraged in all females for primary prevention given their extreme effectiveness. Future studies of the actual uptake versus stated intention to use LARC may be insightful.

P241 **CONTRACEPTION AND CONDOM USE IN HIV POSITIVE WOMEN**

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Background/introduction The British Human Immunodeficiency Virus Association has published standards for the care of people living with HIV. Condom use is important in preventing transmission of HIV. Preconception care and contraceptive provision allow HIV positive women to plan pregnancy and reduce the risk of vertical transmission.

Aim(s)/objectives To ascertain whether HIV positive women in our service were using effective contraception to prevent pregnancy as well as consistent condom use.

Methods The notes of 61 female patients attending for regular HIV management within our health board were identified and reviewed. The data collected included documented condom use,

contraceptive use and whether the method interacted with their treatment.

Results 57% of women were documented as using contraception, the intrauterine system being the most widely used. 13% did not need contraception due to the menopause or hysterectomy whilst 11% were documented as not currently sexually active. 12 women used condoms alone as contraception. All women on antiretroviral treatment were using appropriate forms of contraception. 21 women did not have documentation of condom use although 9 of those women were recorded as not having a partner.

Discussion/conclusion This audit has highlighted that our service requires better documentation of condom usage. Assumptions should not be made that people without partners are not sexually active. Contraception uptake was well documented with appropriate methods used whether on treatment or not. Due to the high failure rate of condoms, emphasis should be made on using them in conjunction with other forms of contraception.

P242 **STILL CHILDREN**

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Background/introduction Our GUM clinic holds an integrated young person’s clinic (YPC). We have used a proforma for under 16s. In 2014 a national proforma for identifying risk of child exploitation, “*Spotting the Signs*” was published. We decided to expand the use of the proforma to <18s.

Aim(s)/objectives To assess whether expanding the use of the young person’s (YP) proforma would identify risk factors and vulnerabilities in 16–17 year olds that may have otherwise been missed.

Methods Casenote review of 50 consecutive YP aged 16–17 attending a YPC.

Results 45(90%) were female. YP were at high risk of sexually transmitted infection (STI)–9(18%) past history of STI, 15 (30%) last sex with a casual partner, 15(30%) >1 partner in last 3 months, 38(76%) no or inconsistent use of condoms. 11/37(30%) screened were diagnosed with an STI (chlamydia 5, PID 4, warts 1, herpes 1). All reported that they felt able to say “no” if they did not want sex, including one who attended following sexual assault and 5 with a history of unconsensual sex. Other than those, no cases of sexual exploitation were identified; however risks/vulnerabilities were identified in many–19(38%) mental health problems, 21(42%) self-harm, 41 (82%) regular alcohol and 8(16%) drug use, 12(24%) low self-esteem. 12 (24%) had had a previous attendance when the proforma was not used.

Discussion/conclusion Expanding the YP proforma to <18s resulted in identifying a significant number of vulnerabilities and risk factors (mainly self-harm and low-self-esteem) for sexual exploitation and STIs that might otherwise have been missed.

P243 **“IN AND OUT” – MEASURING OUTCOMES FOR PREGNANCY PREVENTION IN FEMALES ATTENDING SEXUAL HEALTH CLINICS**

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