P044 CONTRACEPTION CONTINUATION RATES IN THE UNDER 18S

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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

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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

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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?

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