



**Reproductive choice:
empowering progress against stereotypes**

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Final programme and book of abstracts

Symposium

Modern reproductive science: from abortion to effective contraception

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Reducing abortion rate is one of the key tasks of the government, medical science and general population, as it has the most negative influence on reproductive health.

By 17 y.o. 25% of Russian women have already had sexual experience. By 18 y.o. 42% have had sexual experience, by 19 y.o. – 61%. 41% of young women do not use any contraception methods during their first sexual intercourse. Mother's mean age at first birth in Russia in 1980 was 23 y.o. and in 2010 it was 27.2 y.o. There are now three times more women who first gave birth between 30 and 40 years old, than there were twenty years ago. Abortion is still the most widespread birth control method. There are 2,1 abortions per woman, according to the Russian Federal State Statistics Service

Contraception is among the factors decreasing the rate of abortion and ensuing complications as well as improving reproductive health. It has been a point of interest for medical science, the majority of outstanding scientists and general population since the creation of the first contraceptive pill in 1960.

The use of hormonal contraception helps prevent up to 30 000 cases of reproductive system cancer every year. Contraception also is one of the methods of preserving woman's reproductive potential.

Hormonal contraception has revealed new possibilities regarding not only prevention of abortions and ensuing complications but also treatment and prevention of different gynecological diseases as one of the most actively developing fields of clinical reproductive medicine

Posters

P01

Use of contraceptives in rehabilitation of reproductive function in women with infertility after endochirurgical intervention in ovarians

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Introduction: Rehabilitation of the reproductive function of women who underwent surgical intervention on the ovaries is one of the urgent problems of modern gynecology. All types of therapy aimed at restoring reproductive function in women who underwent endosurgical operations on the ovaries usually give only a temporary effect. After a while after the end of treatment, the pathological symptom complex manifests itself again.

Aim: The aim of the study was to evaluate the effectiveness of using the low-dose monophasic estrogen-progestogen preparation Belara® and the combined oral contraceptive Midiana® in the rehabilitation of reproductive function in women with infertility due to benign structural changes in the ovaries after endosurgical treatment.

Material and methods: A total of 270 women were monitored, 120 of them (the 1st main group) who were operated with the diagnosis of polycystic ovary syndrome (PCOS), received Belara® as a rehabilitation therapy and 120 women (the 2nd main group) operated on with a diagnosis of the ovarian follicular cyst (FOC), who took Midiana® in the postoperative period, the comparison group consisted of 30 patients operated with a similar pathology but refused to use these drugs. The mean age of the examinees was 24,5 ± 0,2 years. All women underwent hormonal and ultrasound examinations.

Results: All patients of the 1st main group had hormonal disorders characteristic of PCOS. In patients, an increase in the level of LH, a decrease in FSH and, as a consequence, an increase in the coefficient of LH / FSH. The average level of testosterone (T) was significantly higher, and estradiol (E2) was less than in the

comparison group, which was accompanied by an increase in the coefficient, $T/E2$. When studying the hormonal background in women with follicular ovarian cysts before endosurgery, the following data were obtained: an increase in FSH levels in 53.5% of cases, a decrease of 23.6%. The average concentration of FSH in their blood was 11.5 ± 0.32 mU/l, which corresponds to the upper limit of the norm. The increase in the concentration of LH was noted in 14.9% of patients, the decrease in 59.8%. The average concentration of estradiol in the blood of patients of all groups in the first phase of the menstrual cycle exceeded the norm, and, on average, was 181 ± 5.5 pg/ml. The concentration of progesterone in 67.7% of patients was significantly lower than normal, averaging 0.37 ± 0.06 nmol/l.

Conclusion: The use of the low-dose monophasic estrogen-progestogen preparation Belara® and the combined oral contraceptive Midiana® in the rehabilitation of reproductive function in women with infertility due to benign structural changes in the ovaries after endosurgical treatment allows to increase the results of treatment in the form of restoration of the menstrual cycle (98.0% of cases), and the frequency of pregnancy is 4.3 times (88.0% of cases).

P02

The effectiveness and acceptability of prolonged implant contraception

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The purpose of the study. To evaluate the contraceptive efficacy and acceptability of prolonged subcutaneous contraceptive that contains 68 mg of etonogestrel (Implanon NCTS®) in women of reproductive age. **Design & methods.** The study included 48 women aged 19 to 45 years (mean age of women was of 28.0 + 1.7 years) in need of effective long-term contraception that meet all the criteria of inclusion and exclusion. **Inclusion criteria:** reproductive age, the interest in reliable contraception, absence of contraindications to progestin contraception. **Exclusion criteria:** contraindications to the use of progestin hormonal contraception medical eligibility criteria the who (2015), pregnancy or suspicion on it, the use of hormonal contraception within the last 3 months, uterine bleeding unclear etiology. **Applied clinical, clinical laboratory, statistical and instrumental methods of examination.** The duration of follow-up was 1 year.

The results of the study. During the whole observation period in any patient not registered with a pregnancy. Complications during the insertion of the implant in the form of a hematoma was observed in 1 (2.1%) women.

The most common side effects were changes in the nature of vaginal bleeding. By the end of the first year of using the implant in 11 (22.9%) women were observed, amenorrhea, and 17 (35.4%) noted rare spotting, frequent bleeding – 10 (20.8%), prolonged spotting - 10 (20.8%).

The weight gain on average 2 kg was observed in 2 (4.2%) women. Refused further use of subcutaneous contraceptive during the period of observation - 5 (10.4%) females, mainly due to prolonged and frequent bleeding.

Conclusions. Subcutaneous hormonal implant Implanon NCTS® is an effective and acceptable method of contraception. The most common adverse reactions when using prolonged subcutaneous Implant Implanon NCTS® are changes in the nature of vaginal bleeding, frequency, and duration of which correlated with the duration of the use of contraceptives. The acceptability of the contraceptive implant can be enhanced by the business to its destination

P03

Differences in the use of contraception between Roma and non-Roma women in Hungary

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