**Insights from outside BJOG**
**August 2018**

## Clinical guidelines updates

*To be added at proof stage.*

## New reports and guidelines

*Abortion worldwide 2017: Uneven progress and unequal access*
This report, published by the Guttmacher Institute, provides an overview of the incidence of abortion, laws regulating abortion and the safety of abortion provision worldwide. Issues around unintended pregnancy and the impact of unintended pregnancy and abortion on women and couples are also investigated. Chapters include: incidence of induced abortion - current levels and recent trends; legality of abortion - current status and recent trends; how is abortion practiced and how has it changed; consequences of clandestine abortion; unintended pregnancy. For the years 2010–2014 the report estimates that 55.9 million abortions occurred each year with 49.3 million taking place in developing regions and 6.6 million in developed regions. The report states that women who live in countries with the most restrictive abortion laws have a termination of pregnancy at around the same rate as women living in countries where abortion is more easily available and that the highest estimated rates of abortion occur in Latin America and the Caribbean with the lowest rates occurring in Northern America and Oceania. Figure 2.4 highlights the finding that the proportion of all abortions that are estimated to be least safe increases as abortion laws become more restrictive, and figure 3.1 highlights that greater proportions of women in developing regions than in developed regions live under restrictive abortion laws. Figure 3.3 focuses on countries that have changed categories within the legal continuum since 2000; all of which are reported to have broadened criteria for legal abortion. The report concludes that incidence of abortion and unintended pregnancy very much varies by geographic area and that access to safe abortion is improving but that in many countries unsafe abortion is still prevalent and restrictions on legal abortion are increasing. Service and policy recommendations are provided for circumstances where abortion is legal, highly restricted by law or for all settings.
https://www.guttmacher.org/sites/default/files/report_pdf/abortion-worldwide-2017.pdf

*OpenWHO online courses*
The World Health Organization's (WHO) Department for Infectious Hazards Management has recently launched OpenWHO - a new web-based platform offering online courses to improve response to health emergencies. The website highlights, at the top right of the page, training for those outbreaks currently happening offering quick and easy access to health professionals responding to immediate crises. Courses are arranged under the following categories: outbreak; preparing for pandemics; ready for response; get social. The list can be filtered by language and proficiency level. Courses include: risk communication for Zika virus; Ebola knowledge resources for responders; incident management system; risk communication essentials; communication essentials for member states; cholera revised cholera kits and calculation tool; Pandemic Influenza Severity Assessment (PISA); public health

interventions in pandemics and epidemics. The web platform aims to provide both a global interactive learning network and a place for sharing expertise in public health and encouraging discussion on key issues in responding to health emergencies. The online courses are aimed at all professionals preparing to work in epidemics, pandemics or health emergencies or who are already working in such settings and are self-paced and free-to-access.
https://openwho.org/

*Classification of digital health interventions v1.0. A shared language to describe the uses of digital technology for health*
This guide, developed by the World Health Organisation (WHO), aims to standardise the language used to describe the uses of digital technologies for health in order to improve dialogue amongst the different communities and stakeholders (public health professionals and technology-focused professionals) working in the digital health arena. The standardisation is stated as being prompted by the need to: synthesise evidence and research; conduct national inventories and landscape analyses; develop guidance resources to inform planning; articulate required digital functionality based on identified health system challenges and needs. Figure 1 provides an outline of linkages across health system challenges, digital health interventions, and system categories. The classification categorises the different ways in which digital and mobile technologies are being used to support health and consists of: interventions for clients; interventions for health care providers; interventions for health system or resource managers; interventions for data services. For each grouping a separate more detailed list of synonyms and illustrative examples is provided.
http://apps.who.int/iris/bitstream/10665/260480/1/WHO-RHR-18.06-eng.pdf?ua=1

*Social and behavior change: A critical part of effective family planning programs*
This High Impact Practices Brief, produced by the United States Agency for International Development (USAID), provides an overview of social and behavioural change interventions of relevance to programmes delivering family planning services. The brief states that inclusion of social and behavioural change programming can create a demand for, and improve the quality of, family planning services. The brief discusses four high impact practices relating to social and behavioural change: mass media; community group engagement; interpersonal communication; digital health, and provides relevant examples, tips for implementation and a list of tools and resources.
https://www.fphighimpactpractices.org/wp-content/uploads/2018/04/SBC_Overview.pdf

## Innovations and patents

### Patent applications
*PL2724716 (T3) Phosphodiesterase inhibitors for transvaginal use in the treatment of infertility. Pardina PMC & Vaz-Romero UMA. 30 April 2018.*
This patent application discusses the use of a phosphodiesterase inhibitor, administered transvaginally, as an alternative to assisted reproductive techniques for infertile couples. Specifically, the inventors state that a phosphodiesterase inhibitor is administered transvaginally immediately before and/or after coitus.

https://worldwide.espacenet.com/publicationDetails/biblio?CC=PL&NR=2724716T3&KC=T3&FT=D&ND=3&date=20180430&DB=EPODOC&locale=en_EP#

*WO2018081138 (A1) Biodegradable contraceptive implants. Saltzman W., Quijano E., Yang F., Jiang Z., Owen D. 3 May 2018.*
This patent application relates to the development of biodegradable contraceptive implants for women which consist of a biocompatible polyester copolymer composition and a delivery system that can administer effective doses of a contraceptive such as progestin.
This application claims benefit of U.S. Provisional Application No. 62/411,872, filed October 24, 2016, and which is hereby incorporated herein by reference in its entirety.
https://worldwide.espacenet.com/publicationDetails/biblio?CC=WO&NR=2018081138A1&KC=A1&FT=D&ND=3&date=20180503&DB=EPODOC&locale=en_EP#

*US2018104182 (A1) Intravaginal devices for controlled delivery of lubricants. Kiser PF., McCabe RT., Kiser MN., Albright TH. 19 April 2018.*
This patent application outlines devices and methods for the intravaginal delivery of lubricants such as aqueous lubricants for the treatment of vaginal dryness in women.
This application is a continuation of U.S. application Ser. No. 15/490,628 filed Apr. 18, 2017, which is a continuation of U.S. application Ser. No. 14/987,306 filed Jan. 4, 2016, which is a continuation of U.S. application Ser. No. 14/709,138 filed May 11, 2015, now U.S. Pat. No. 9,226,894, which is a continuation of U.S. application Ser. No. 13/884,936 filed Nov. 12, 2013, now U.S. Pat. No. 9,078,813 which is a U.S. national phase application of International Application Serial No. PCT/US2011/060389, filed on Nov. 11, 2011, which claims priority to U.S. Provisional Application No. 61/413,238 filed Nov. 12, 2010, U.S. Provisional Application No. 61/516,582 filed Apr. 5, 2011, and U.S. Provisional Application No. 61/542,552 filed Oct. 3, 2011, the contents of each of which are incorporated herein by reference in their entirety.
https://worldwide.espacenet.com/publicationDetails/biblio?CC=US&NR=2018104182A1&KC=A1&FT=D&ND=3&date=20180419&DB=EPODOC&locale=en_EP#

*US2018105799 (A1) Scaffolds for uterine cell growth. Barmat L., Falk M., Jain H., Somkuti S. 19 April 2018.*
This patent application relates to scaffolds to aid uterine tissue growth and help polarisation for in vitro fertilisation procedures.
This application is based on U.S. Provisional Application No. 62/408,407, filed Oct. 14, 2016, and is hereby incorporated by reference.
https://worldwide.espacenet.com/publicationDetails/biblio?CC=US&NR=2018105799A1&KC=A1&FT=D&ND=3&date=20180419&DB=EPODOC&locale=en_EP#

## Legal matters

*Arizona passes bill on what to do with frozen embryos after divorce*
The Governor of Arizona has recently passed a bill dictating the future use of a couple's frozen embryos if they become divorced or separated. The bill, which overrides any previous legal agreement between the couple, states that any frozen embryos previously created by a couple have to be given to the partner who wishes to use them to create a pregnancy even if this contravenes the other partner's wishes.

The bill also states however, that the partner who does not wish to create a child would have no legal responsibility to any resultant children.
https://www.bionews.org.uk/page_135302

*Malta prepares to overhaul laws on surrogacy, embryo freezing and IVF*
A bill recently put forward to the Parliament in Malta reportedly aims to relax current strict laws regarding assisted reproduction. The bill, if passed, will allow gamete donation and surrogacy and would also allow single people and LGBTQ couples to access assisted reproduction services. Embryo research and embryo destruction, however, would remain illegal.
https://www.bionews.org.uk/page_135657

## Clinical trials

Clinicians keen to keep up-to-date regarding clinical studies that are currently recruiting may find the following informative.

### Title Testing the efficacy of mindfulness-based stress reduction in the prevention of perimenopausal depression

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| **Registration** | https://clinicaltrials.gov/ct2/show/NCT03526523 | | |
| **Description** | This randomised trial aims to investigate the effectiveness of an 8-week mindfulness-based stress reduction course for the treatment of women with perimenopausal depression when compared to waitlist control. | | |
| **Outcome measures** | **Primary:** depressive symptoms. | **Secondary:** occurrence of elevated depressive symptoms (ordinal); occurrence of elevated depressive symptoms (binary); occurrence of major depressive episodes. | |
| **Study site** | Saskatchewan, Canada. | **Anticipated study end date** | June 2019 |

### Title The effect of early screening and intervention for gestational diabetes mellitus on pregnancy outcomes (TESGO)

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| **Registration** | https://clinicaltrials.gov/ct2/show/NCT03523143 | |
| **Description** | This open-label randomised controlled trial aims to determine whether early screening for gestational diabetes mellitus in pregnant women and subsequently early intervention alters pregnancy outcomes, the incidence of maternal diabetes after delivery, and the growth and development of the newborn when compared to standard screening. | |
| **Outcome measures** | **Primary:** TESGO composite outcome. | **Secondary:** preterm delivery; jaundice; admission to NICU; fetal death or stillbirth; fetal growth during pregnancy; neonatal adiposity; maternal incident diabetes; the growth and development of the offspring. |

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| **Study site** | Taipei City, Taiwan. | **Anticipated study end date** | December 2020. |

## Title Retropubic vs. single-incision mid-urethral sling for stress urinary incontinence

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| **Registration** | https://clinicaltrials.gov/ct2/show/NCT03520114 | | |
| **Description** | This randomised trial aims to compare the effectiveness of retropubic (RP) slings to single-incision slings (SIS) for the concomitant management of stress urinary incontinence in women. The investigators hypothesise that the use of the single-incision slings will be non-inferior to retropubic slings in terms of efficacy and superior in irritative voiding symptoms/voiding dysfunction at one year after combined surgery. | | |
| **Outcome measures** | **Primary:** number of participants with subjectively bothersome stress incontinence; retreatment for stress incontinence; de novo or worsening urge incontinence symptoms; requirement for bladder drainage; surgical intervention for urinary retention. | **Secondary:** adverse events; change in pain; surgeon satisfaction. | |
| **Study site** | Various locations, US. | **Anticipated study end date** | June 2020. |

## Title Comparison of vaginal and transdermal oestrogen before frozen thawed embryo transfer

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| **Registration** | https://clinicaltrials.gov/ct2/show/NCT03518528 | | |
| **Description** | This observational study aims to compare endometrial preparation with vaginal estradiol or transdermal estradiol for women undergoing frozen-thawed embryo transfer in terms of pregnancy outcome and patient satisfaction. | | |
| **Outcome measures** | **Primary:** clinical pregnancy. | **Secondary:** chemical pregnancy; spontaneous pregnancy loss; plasmatic estradiol concentration on the day of transfer; plasmatic lh concentration on the day of transfer; plasmatic progesterone concentration on the day of transfer; endometrial thickness; annulation; treatment duration; satisfaction evaluated by anonymous survey the day of transfer. | |
| **Study site** | Angers, France. | **Anticipated study end date** | September 2018. |

## Title Comparing radiological tubal blockage versus laparoscopic salpingectomy in infertile women with hydrosalpinx during in vitro fertilization treatment

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| **Registration** | https://clinicaltrials.gov/ct2/show/NCT03521128 |
| **Description** | This randomised trial aims to compare radiological tubal blockage versus laparoscopic salpingectomy prior to frozen-thawed embryo transfer (FET) in infertile women with hydrosalpinx in terms of the effect on live birth rate. |

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| **Outcome measures** | **Primary:** live birth rate. | **Secondary:** positive hCG level; clinical pregnancy rate; ongoing pregnancy rate; implantation rate; multiple pregnancy; miscarriage rate; ectopic pregnancy; birth weight. | |
| **Study site** | Shanghai, China. | **Anticipated study end date** | May 2020. |

**Shona Kirtley, Senior Research Information Specialist, Centre for Statistics in Medicine, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Botnar Research Centre, Oxford, UK.**