CONFERENCE REPORT:

Contraceptive technology: quest of excellence

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Upon registration, each delegate received a copy of the newly published 20th edition of *Contraceptive Technology* (authored by Hatcher, R.A., Turssell, J., Nelson, A.L., Cates, W., Kowal, D. & Policar, M.S.).

The first plenary session of the conference emphasised the 'hidden treasures' of this book, and explained its useful features for clinicians. A session on contraceptive failure, and unintended pregnancies, emphasised the need for effective contraceptive use by women. Even in America, women admitted to 'skipping' contraceptive pills to save money. The situation is aggravated if women are uneducated and poor.

Most conference sessions were presented by the authors of the book and addressed contraceptive issues, more or less in the same vein as the book. Although a few concurrent sessions were available, most conference sessions assumed the form of lectures in huge lecture halls with limited time for questions and answers. The audience appeared to be rather passive compared to audiences at other international conferences. There was limited time for socialising and for meeting other conference delegates.

Aspects addressed during the conference included: eligibility criteria for specific contraceptives; emergency contraception; intrauterine contraceptives; injectable contraceptives; contraceptive implants; oral contraceptives; contraceptive patches; vaginal rings; and condoms.

One of the most informative sessions addressed intrauterine contraceptives (IUCs) which provide safe pregnancy protection for most women and are suitable for teenagers, nulliparous women and HIV-positive women. Reportedly, the Copper T 380A IUC is as effective as surgical sterilisation, and is almost the most effective way to provide emergency contraception. IUCs are cost-effective as well as 'private, coitus-independent, and low maintenance' (Hatcher, Trussell, Nelson, Kowal & Policar, 2011:147). Copper T 380A IUCs have been used by millions of women in 70 countries.

The approved duration of an inserted Copper T 380A is 10 years, but these devices have remained *in situ*, providing protection against pregnancy, for up to 20 years (Hatcher et al., 2011:149). IUCs that remain effective for more than 10 years offer women freedom to plan their pregnancies.

Persistent non-specific vaginal infections were addressed at length. The only conclusion seemed to be that women inclined to these infections should not use any vulval preparations or vaginal douches or deodorants.

Although all aspects of contraception were addressed, most sessions appeared to be repeating well-known aspects without imparting any new knowledge. Some sessions seemed to summarise chapters of the book. More interactive sessions could have enhanced the quality of the conference. As many practitioners were present, they could have been divided into groups and reported about their actual practices and challenges, rather than listening to the authors' summaries of the book's chapters.

Healthcare practitioners providing contraceptive services might have derived more benefit from this conference than academics and researchers. However, attending an expensive conference, presented by the authors of one book, mostly about chapters from said book, was certainly a novel experience.

Information about future contraceptive conferences can be obtained from:

http://www.contemporaryforums.com/Live-CE-Conferences/Contraceptive-Technology

REFERENCE

Hatcher, R.A., Turssell, J., Nelson, A.L., Cates, W., Kowal, D. & Policar, M.S. 2011. *Contraceptive technology*. New York: Ardent Media.