The Association of Psychosexual Nursing, a registered charity, marked its 10th anniversary in May with a day of celebration. This was an ambitious but truly worthwhile venture which saw past and present members gathering in central London at Soho Square to share reflections and memories while also thinking about how to take the association forward in the coming years.

Dr. Robert Irwin opened the celebration with an overview tracking the development timeline of the group. Expert witness seminars followed in which participants discussed their contribution to the development of psychosexual nursing from the mid-1970s to the present day.

Comments were invited from the floor after each seminar and audio-recordings of these seminars will be placed in the National Sound Archive at the British Library.

As well as creating this historical record for posterity, other publications will be generated as members were also invited to submit written reflections on their personal journey and their relationship with the association. These records will chart the development of the association as well as include case material, reflections on seminar work and personal accounts of professional development. They hope these publications will enable them to disseminate their work to a wider audience.

Balint-style seminars

The association was formed in 1998 from a group of like-minded nurses concerned about developing clinical skills to address the sexual anxiety or sexual distress presented within the routine of everyday practice. The association uses the Balint-style seminar method of experiential learning to:

- enhance psychosexual awareness

"Patients can arouse a range of feelings in the nurse – empathy, concern, anger or anxiety – and some feelings are more easily dealt with than others."

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**Report from the Chair: CATHY HUGHES**

As you may be aware, there has been a major review of the professional structure at the RCN. The final document closed for consultation in September and the proposals were discussed at the AGM and presented to Council in October. These include a plan to reduce the overall number of forums from about 77 to about 42 and for sub-groups to become members of host or new forums. You can review the documents on the RCN website under the headings of *About us and Governance*.

Under the current proposal gynaecology, menopause, colposcopy, termination of pregnancy, miscarriage and urogynaecology will be in a single entity called the Women’s Health Forum. Fertility and breast care nurses felt it more appropriate to align themselves in non-gender specific forums because of their work with men.

**Ideally placed**

I see this as a time of great opportunity for nurses working in the field of women’s health. We are ideally placed to provide support and professional guidance for each other and to assist the RCN in delivering high quality advice and information to external groups, including government and international organisations.

New ways of working, using information technology and project planning, will enable us to involve more experts and grassroots members to influence the forum agenda and make sure we reach more nurses working in the field. Our strength will be our passion for women’s health and our highly developed networks.

The forum will be considering issues that face nurses or service users in women’s health. If you can see areas of concern or have developed ways to tackle a difficult issue that you feel would benefit from investigation, solution scoping or dissemination, then do let me know. Together we can improve the health care and health care experience of women.

Contact: cathy.hughes@npsa.nhs.uk

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**CONTINUED FROM PAGE ONE**

- develop increasing confidence and skills in discussing sexual issues
- use those skills to develop team awareness of the work possible with challenging patient encounters
- develop fresh approaches in practice.

Members are based in a variety of clinical areas including gynaecology, urology, health visiting, psychosexual therapy, general nursing, midwifery, nurse education and primary care. The range of experience that can be shared within this network is therefore rich and diverse.

The association organises two annual study days aiming to challenge routine clinical practice and promote the development of skills in addressing psychosexual issues. As well as inviting a range of high quality speakers, they also provide an opportunity for delegates to take part in a Balint-style seminar group. Our latest study day, held on 8 November 2007 at Guildford, was entitled Intimate examination and examining intimacy.

**Why nurses need these skills**

Gynaecology nurses encounter a range of patients who can present with complex health issues. Chronic and acute problems and their treatment have the potential to impact negatively on sexuality and intimate relationships. Some patients ask for help overtly while at other times nurses need to look beyond the patient’s direct communication and be sensitive to underlying concerns.

Many patients choose to share anxieties or broach sensitive issues with nurses that might be otherwise avoided. Such disclosures may arise within the context of a routine nursing encounter or procedure.

Patients can arouse a range of feelings in the nurse – empathy, concern, anger or anxiety – and some feelings are more easily dealt with than others. Yet how you respond to each patient is crucial as this interaction can be highly influential in terms of the therapeutic outcome of the encounter.

**Enhancing practice**

Seminar training allows nurses to develop their skills and confidence to deal with the distress and feelings evoked within the patient encounter and to learn from the experience. The seminars can be used as a form of clinical supervision to enhance practice.

In addition, the association is currently running a Psychosexual Awareness for Health Care Professionals course which has been recently re-validated by Greenwich University. If you or your colleagues are interested in joining the association, signing up for the course or attending a study day (£25 for members, £45 for non-members) – or if you would just like more information, get in touch with the Association of Psychosexual Nursing, PO Box 2762, London W1A 5HQ (email: psychosexualnursing@btinternet.com) or visit: www.psychosexualnursing.org.uk

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**Gynaecology Nursing Forum on the web**

The new gynae nursing online community has gone live at [www.rcn.org.uk/gynaecology](http://www.rcn.org.uk/gynaecology)

This interactive section on the RCN website will feature the forum itself and all subgroups.

Look out for links to important documents and resources, information about courses and meetings, an electronic version of this newsletter, plus profiles and contact details of all of the forum committee members.

What’s more, you can add relevant information yourself to this new and exciting development. Just email: debra.holloway@gstt.nhs.uk

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*This is a time of great opportunity for nurses working in the field of women’s health*
It was a busy but hugely rewarding day for delegates who gathered at RCN headquarters in London for the Gynaecological Nursing Forum’s annual conference.

Dianne Crowe, clinical nurse specialist, got things underway with an invaluable overview of the Faculty of Sexual and Reproductive Health’s guidelines for nurses fitting intrauterine devices and intrauterine systems (2007), including troubleshooting and problem-solving tips.

The role of the advanced nurse practitioner was debated by Karen Donnelly, trainee ANP, in “Maxi nurse versus Mini Doctor”. She considered how roles are developing to meet the needs of the patients and how this role will fit into the current organisation.

Rebecca Stretch, a research co-ordinator, gave us an overview of the development of the HPV vaccine, how it works and the difficulties of implementing a vaccination programme, based on experiences of her pilot area in Manchester. The key seems to be engaging parents and educating the young people, both girls and boys.

Sexual dysfunction
Ian Russell used humour and audience participation to tackle the difficult subject area of female sexual dysfunction. He urged nurses to take a more holistic approach to the assessment and treatment of women, and spend more time listening to what women want from their consultation.

Angela Whitton, gynae pre-assessment sister, gave a thought-provoking history of how our guidelines on sensitive disposal of fetal remains had been developed and, indeed, what constitutes fetal remains. She also discussed how to inform the patient about the disposal process and their rights in what is usually a very difficult time.

Joanne Fletcher, consultant nurse, rounded off the day with a history of how abortion has been procured in the past and how the current debate might change provision for women and practice for nurses. Shockingly, 25 per cent of women attending will have had a previous abortion.

A number of posters displayed around Cowdray Hall highlighted examples of innovation in the field of gynaecology. The organisers hope that this will continue to be a regular feature and more nurses will take the time to share their ideas and practice next year.
In December 2007 the Cancer Reform Strategy was published to build on the progress made since the NHS Cancer Plan (2000). It also charts the direction for cancer services over the next five years. The strategy covers all aspects of cancer care and all types of cancer.

As gynaecology nurses we are ideally placed to consider the issues facing women in relation to cancer risks, diagnosis and treatment as well as to provide specialist diagnostic, treatment and support services to women with gynaecological cancer.

The Cancer Reform Strategy sets out 10 key areas for action:
- preventing cancer
- diagnosing cancer earlier
- ensuring better treatment
- living with and beyond cancer
- reducing cancer inequalities
- delivering care in the appropriate setting
- using information to improve quality and choice
- stronger commissioning
- funding world class cancer care
- building for the future.

But what is the possible role in cancer prevention for nurses working in gynaecology and women's health?

One of the most significant advances in cancer prevention has occurred with the development of the HPV vaccination, approved by the Government as a way of protecting young women from developing cervical cancer. Although the screening programme will need to continue in conjunction with the vaccination programme, at least in the foreseeable future, it is anticipated that over 70 per cent of cervical cancers will be prevented.

Seizing opportunities
It is estimated that over half of all cancers could be prevented by lifestyle changes so improving awareness and encouraging people to adopt healthy lifestyles is crucial to improving cancer outcomes in the UK. Opportunities to provide health education arise in most clinical interactions and gynaecology nurses can use consultation and contact time to educate and support women.

It can be difficult to broach sensitive subjects when faced with a request for unrelated advice or clinical tests, but we should not miss these opportunities. Public awareness of the main preventable risk factors for cancer has been shown to be poor generally and even worse in deprived groups. That’s why nurses need to be familiar with recognised health protection advice (see box) and be able to contribute to the wider agenda of a healthier society.

**Recommendations for cancer prevention**

- Be as lean as possible without becoming underweight.
- Be physically active for at least 30 minutes every day.
- Avoid sugary drinks. Limit consumption of energy-dense foods (processed foods high in added sugar, low in fibre or high in fat).
- Eat more vegetables, fruits, wholegrains and pulses such as beans.
- Limit consumption of red meats (beef, pork and lamb) and processed meats.
- If consumed at all, limit alcoholic drinks to two a day for men and one for women.
- Limit consumption of salty foods and food processed with salt.
- Don’t use supplements to protect against cancer.
- It’s best for mothers to breastfeed exclusively for up to six months and then add other liquids and foods.
- After treatment, cancer survivors should follow the recommendations for cancer prevention.

**And always remember – do not smoke or chew tobacco.**


**Over half of all cancers could be prevented by lifestyle changes... gynaecology nurses can use consultation and contact time to educate and support women.**

**Smoking**

Smoking remains the single largest preventable cause of death from cancer, accounting for around one third of all cancer deaths and up to 90 per cent of lung cancer cases.

Smokers who quit with the support of the NHS are significantly more likely to succeed than those who do not make use of NHS support. Most NHS health care providers have a strategy to reduce the number of smokers in the local community and aim to support smokers who want to quit.

Nurses can direct individual patients to sources of help and support at local and national levels – see www.gosmokefree.co.uk
Cancer Research UK SunSmart campaign

S
Spend time in the shade between 11am and 3pm
S
Make sure you never burn
M
Maim to cover up with a t-shirt, hat and sunglasses
A
Remember to take extra care with children
R
Then use factor 15+ sunscreen
T
Also report mole changes or unusual skin growths promptly to your doctor.

More at http://info.cancerresearchuk.org/healthyliving/sunsmart

Obesity
About 6,000 women in the UK develop cancer each year because they are obese. Cancers of the colon, breast (postmenopausal), endometrium, kidney and oesophagus are associated with obesity and lack of physical exercise, and may account for 25–30 per cent of cases. Some studies have also reported links between obesity and cancers of the gallbladder, ovaries, and pancreas.

Preventing weight gain can reduce the risk of many cancers. Those who are already overweight or obese should be advised to avoid additional weight gain and lose weight using a low-calorie diet and exercise. Even a weight loss of only five-to-ten per cent of total body weight can result in health benefits.

Female obesity has, until recently, been higher than obesity among men, but this figure has recently levelled and looks set to inverse. Still, women are seen as the key to family health, often taking sole responsibility for cooking and food shopping – and increasingly doing so as the lone parent in single parent families. Educating women regarding a healthy diet and exercise has the potential to protect the whole family and future generations.

Alcohol
Excess alcohol consumption is strongly linked to an increased risk of several cancers, including mouth, larynx, oesophagus, liver and breast, yet there are widespread misconceptions about safe levels of alcohol consumption.

Nurses in gynaecology often come across women at particular risk – for example, women who binge drink are more likely to have unprotected sex and multiple sex partners, thereby increasing the risks of unintended pregnancy and sexually transmitted diseases.

Binge drinking is also a risk factor for sexual assault, especially among young women. Research suggests an increase in rape or sexual assault when both the attacker and victim have used alcohol prior to the attack.

In gynaecology we have worked hard to provide termination of pregnancy, contraception and sexual assault advice, support and care in a non-judgemental environment, but there can also be a temptation to avoid openly discussing some of the contributing factors such as alcohol abuse.

Offering a woman information and advice on the safe levels of alcohol consumption should not infer a negative judgement on her behaviour and may save her from a premature death due to a preventable cancer.

Ultraviolet light
The number of cases of melanoma is rising rapidly and is more commonly seen in women than in men. Together with general overexposure to the sun, there are increasing concerns regarding the use of sunbeds which come with a significantly increased risk of skin cancer for most people.

It is estimated that a third of all women have used a sunbed yet those who start under the age of 35 increase their risk of malignant melanoma by 75 per cent.

The national SunSmart campaign promotes behaviour change to prevent skin cancer (see www.sunsmart.org.uk).

Contact: cathy.hughes@npsa.nhs.uk

References


The Miscarriage Association reaches out

The Miscarriage Association's newest resources target groups of parents who find it particularly hard to get support and information after miscarriage or ectopic pregnancy. These are all versions of the widely-read leaflet, We are sorry that you have had a miscarriage, now available in:

- seven bi-lingual versions (English + Arabic, Bangladeshi, Gujarati, Polish, Punjabi, Turkish and Urdu (those in bold are newest)
- a version for women/couples who are profoundly deaf and/or whose first language is sign-language
- an illustrated version for women/couples with learning disabilities.

Much as the Miscarriage Association would like hospitals and primary care staff to order the leaflets in bulk for their patients, they do recognise the financial constraints so it’s important for Gynae Forum members to know that the leaflets can be downloaded free of charge from the website: www.miscarriageassociation.org.uk and/or sent by email.

For more information, contact Ruth Bender Atik, National Director at the Miscarriage Association, c/o Clayton Hospital, Northgate, Wakefield WF1 3JS.
The AEPU is a national network, founded in October 1999, and it has been growing ever since as a multidisciplinary organisation.

Early pregnancy units are located across the UK, mostly in gynaecology departments, and staffed by trained nurses, midwives and/or ultrasonographers. There are an estimated 164 EPUs around the UK, but the service varies hugely in terms of access, opening hours, clinical staff and facilities, treatment options and so on.

The AEPU Executive Committee is keen to maintain its multidisciplinary structure and has also drawn up clear guidelines (revised in 2007) to enable all EPUs to set acceptable standards and harmonise care for all women in UK and beyond.

Recently EPUs have been set up in Holland and Poland, using the AEPU guidelines as core standards.

Overcoming isolation
We believe that all women with early pregnancy problems should have prompt access to a dedicated early pregnancy unit that provides efficient management and, when necessary, adequate counselling and appropriate treatment. That’s why we are working hard to promote good standards of care and a point of support and information for staff working in EPUs, some of whom work under present with when seeing a gynaec oncology CNS, and the key role she will play in supporting these women or referring them to an appropriate health care professional.

Many NFGON committee members have undertaken roles in facilitating subgroups to focus on particular issues and evidence within the speciality. For example:

- **The Follow-up Care** subgroup aims to improve care for women following treatment for a gynaecological cancer. The eight nurses in this subgroup led by Ann Lanceley (a.lanceley@ucl.ac.uk) are currently awaiting approval for their outline review plan, submitting a title for a Cochrane Review: Evaluation of the outcome benefit of follow-up protocols for women with cervical cancer following completion of primary treatment.

- **The Ascites** subgroup is reviewing, again with Cochrane, the assessment and management of women with abdominal ascites. Debbie Fitzgerald is leading on this (debbie.fitzgerald@nhs.net).

Get involved!
The current NFGON President is Lisa Peck,
considerable pressure, often alone.

We have recently started a UK survey which already is yielding interesting information concerning some 180,000 patients seen in 2007 across the UK although not all survey forms have been returned yet.

The RCN Gynae Forum is obviously a good place to promote this work and, as Chair of the AEPU, I urge you to visit our website at: www.earlypregnancy.org.uk

Roy G Farquharson MD FRCOG is Consultant Gynaecologist at Liverpool Women’s Hospital.

Telephone: 0151 702 4221.

Gynaecology CNS for the Three Counties Cancer Network. She would like to hear from anyone interested in knowing more about the forum (telephone 0845 422 3181 or email: lisa.peck@glos.nhs.uk).

The annual NFGON conference will be held next summer, provisionally on 25–26 June in Southend. Contact Emma Azeem, National Events Organiser for details (01702 435555 ext 4122 or emme.azeem@southend.nhs.uk).

British Gynaecological Cancer Society’s International Scientific Meeting was held 13–14 November 2008 in Liverpool. Details from www.bgcs.org.uk

Karen Donnelly is a Gynaecology Nursing Forum Committee member.

### 20–21 November 2008

**AEPU Annual Conference and AGM**

Wills Memorial Hall, Park Street, Bristol

A packed programme including:

**Thursday (9am–5.30pm)**
- Medical management of miscarriage
- Surgical curettage under local anaesthetic
- Respectful disposal of fetal remains or Saying goodbye
- Ultrasound, early embryonic growth and development or The start of life
- Pearls and pitfalls in ultrasound diagnosis
- Molar pregnancy
- Cervical cerclage or A stitch in time
- Thrombophilia and pregnancy

**or Pregnancy and clots**
- National Early Pregnancy Unit Survey of Thrombophilia
- Pre-pregnancy counselling
- Teenagers and pregnancy

**Friday programme (9am–noon)**
- Birth statistics
- Results from the Early Pregnancy Unit Survey
- Methotrexate treatment of ectopic pregnancy
- Training or case presentations
- Fetal medicine and early pregnancy problems
- Infections in early pregnancy
- Free fetal DNA.

Cost: £150 for doctors; £100 for non-doctors – with a three-course dinner (optional) at £35.

More at: www.earlypregnancy.org.uk or email: enquiries@earlypregnancy.org.uk

### Starting January 2009 (Fridays, 1–5pm)

**Gynaecological Care Module**

DeMontfort University, Leicester

A 30 credit, level 3 module for nurses, midwives and allied health professionals.

What students say about this dynamic educational opportunity:

“Despite more than 15 years of gynaecology experience I was still able to add to my knowledge and learn about new developments.”

“It was a great opportunity to meet with other nurses who held the same interest in women’s health and it has re-fired my passion for gynaecology.”

“The tutors passed on their enthusiasm for learning and made the whole experience an enjoyable one.”

For more information contact:

Wendy Norton
Faculty of Health & Life Sciences
School of Nursing and Midwifery
Email: worton@bmu.ac.uk
Telephone: 0116 201 3810

**HILARY JEFFERIES reports**

### Vaginal dilator subgroup

Our subgroup is continuing to generate awareness of our best practice guidelines for the use of vaginal dilators through initiatives such as Sonja Hoy’s presentation at the International Society of Nurses in Cancer Care conference in Singapore in August.

An attempt to gauge awareness among the Network Lead nurses was disappointing, however. Only nine completed questionnaires at their recent conference and the response (see chart) was mixed. Since then, a copy of the guidelines has been circulated to all the nurse directors. The feeling of the group is that we need to continue to promote them wherever possible.

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More from Hilary.jefferies@bwhct.nhs.uk or 0121 472 1377 ext 4110.

### Starting January 2009

**Understanding Human Fertility**

A 30 Credit, level 3 module that is run on line.

Developed through a collaboration between the RCN Fertility Nurses and University of Greenwich. For more information contact Ros Delaney at R.T.Delaney@gre.ac.uk
HYDATIDIFORM MOLES | DEE SHORT reports.

Make sure your patients get proper support

Results of a recent patient survey and feedback from patient drop-in sessions at London's Charing Cross Hospital reveal an area of particular concern among women suffering molar pregnancies.

Many women report extreme anxiety, emotional distress and a feeling of being “left in limbo” during the period between evacuation of their molar pregnancy and referral to one of the regional specialist centres. This may take many weeks. They report a lack of good quality information available locally with no one very knowledgeable to speak to. Many women trawl the Internet, finding some quite alarming and not always accurate information.

We would like to close this gap by asking you to provide an updated information pack to every woman suffering a molar pregnancy in the UK. You can extract information for your packs from recommended websites such as: www.hmole-chorio.org.uk or: www.sth.nhs.uk/westonpark

There is also an excellent support website founded by a patient at: www.molarpregnancy.co.uk. It provides accurate information and forums which women report offer them much needed support.

Regional centres
Women are welcome to contact one of the centres for advice or information prior to referral:

- Charing Cross Hospital – London on: 020 8846 1409 or email: hmole-chorio@imperial.nhs.uk
- Weston Park Hospital – Sheffield on: 0114 2265205 or email: janet.everard@sth.nhs.uk
- Ninewells Hospital – Dundee on: 01382 632748

MENOPAUSE NEWS | Here’s the latest from DEBBY HOLLOWAY.

Update on products in HRT

There are currently no new products in menopause care.

In February, Merck Serono discontinued FemTab Sequi owing to low demand. This contained estradiol valerate and levonorgestrel, and was indicated for hormone replacement therapy for menopausal symptoms and second-line therapy for the prevention of postmenopausal osteoporosis. Nuvelle is a suitable alternative.

Audit of menopause nurses
The Menopause Group would like to undertake an audit of nurses working in the field to gain a perspective of the types and diversity of the role, both in primary and secondary care. If you would like to take part email me at: debra.holloway@gstt.nhs.uk or phone 020 7188 3023.

Conference report: British Menopause Society
The 19th BMS conference, held 3–4 July in Manchester, featured a varied and informative programme ranging from an update on HRT to breast cancer genetics and ovarian cancer.

Journalists Simon Brown and Jenny Hope looked at the media’s role in health and health-related stories. Simon concentrated on how to get your story into the media and Jenny on why health stories make it into the news and the importance of embargos on stories.

There were talks on the different progestins used in therapy and a new and exciting, even lower dose product that is still in trials – plus two sessions on psychology and the menopause. Joan Pitkin gave a fascinating talk on culture and the variation in perceptions and symptoms of the menopause.

The final sessions as well as the lunch time symposium looked at female sexuality and the role of androgens and androgen replacement.

A tour round the exhibition
From the trade stands, Wyeth produced an educational women’s health pack that also has patient information in a symptom diary and risk benefit analysis for women. Proctor and Gamble brought along a HSDD (hypoactive sexual desire disorder) resource pack, including flow charts and brief female sexual functioning profiles, and Flora had an information booklet on heart disease and sexual functioning profiles, and Flora had an informative booklet on heart disease and sexual functioning profiles, and Flora had an informative booklet on heart disease and sexual dysfunction.

As always there was a good social side with networking and a conference dinner, but this did not deter 120 delegates from attending the 7.30 breakfast symposium hosted by the RCN Menopause Group in conjunction with Ferring. What was the main incentive? It could have been the informative talks, the bacon sandwiches or a goodie bag looking at mind and body in the menopause.

Well done to Kathy Abernathy, Menopause Group Chair, who won the poster prize for her poster on the assessment of nurses’ knowledge before and after the menopause course.