

# What's new in Sexual and Reproductive Health (2020)

**Some of the new information and major changes included in the Sexual and Reproductive Health guidelines in eTG complete.**

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The completely revised **Contraception** topics provide a framework to guide choice of contraceptive method. Each method is covered in detail, including a summary of advantages and disadvantages, and advice on starting the method and managing complications and adverse effects. New topics cover barrier methods, fertility awareness methods and sterilisation, and an expanded topic on emergency contraception includes a comparative table of oral methods. A printable quick-reference guide advises on switching between contraceptive methods; patient handouts explain management of missed pills and deviations from the vaginal ring schedule.

**Medical abortion** can be undertaken by trained providers in general practice, for gestations of up to 9 weeks. A new topic provides guidance to both providers and referring clinicians on initial assessment, prescribing and follow-up after medical abortion. Although complications are uncommon, a printable guide gives patients practical advice on symptoms needing medical review.

Addressing lifestyle factors can optimise fertility and, in some situations, restore it. New material in the **Infertility** topic discusses lifestyle modifications and outlines the diagnostic work-up. A new section on assisted reproductive technology (ART) summarises the techniques and advises on the management of ovarian hyperstimulation syndrome, a possible complication of gonadotrophin use.

Early intervention for **endometriosis** is important to reduce the likelihood of complications. A new flowchart guides diagnosis and management, and drug recommendations are updated.

The **Hirsutism** topic provides new guidance on how to assess for underlying causes, including the most common, **polycystic ovary syndrome** (PCOS). Management of other aspects of PCOS is covered in a new topic, with links to an Australian-led guideline and practice tools for general practitioners.

Postponing menstruation for social reasons is a common request, discussed in a new section in the **Menstrual disorders** topics. The **Heavy menstrual bleeding** topic contains a new flowchart on assessment and management. New figures in the **Amenorrhoea** topic summarise underlying causes, tests to perform in general practice, and referral indications.

Systemic menopausal hormone therapy (MHT) is likely to be beneficial for most individuals younger than 60 years at the time of presenting with symptoms of menopause. The completely revised **Menopause** topics include a flowchart to guide decision-making on starting MHT, and considerations for specific groups, such as individuals with premature ovarian insufficiency and older people. New tables outline adjustment of therapy and investigation of adverse effects.

Diagnosing **male androgen deficiency** can be challenging because symptoms are often nonspecific and testosterone concentrations are affected by a range of factors. A new flowchart summarises an approach to diagnosis and initial tests for underlying causes before referral. A table summarises monitoring for clinical response and adverse effects of testosterone replacement.

A new topic on screening and assessment for **sexual difficulties** provides an approach to broaching the issues and formulating a management plan. Other new topics include low libido in males and females, female sexual pain and orgasm difficulties.

**Trans and gender diverse health** is a new topic outlining the spectrum of gender identities and providing links to Australian and international resources to help practitioners provide primary care that is inclusive of all gender identities.

**Postpartum lactation promotion** is a new topic to guide the use of nondrug measures as first-line treatment, with domperidone reserved for second-line therapy. The revised **Postpartum lactation suppression** topic includes advice about nondrug therapy.

The **Disorders of puberty topics** include distinctions between precocious puberty and variants of development that require less urgent referral.

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