

LETTER

Research is needed before GPs can engage in "positive" family planning

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TO THE EDITOR: Bachrach's article¹ "Missed conceptions" and the accompanying commentary by Chapman et al² made compelling reading. The plea of these authors coincides with calls from the Fertility Society of Australia and the South Australian branch of the Australian Federation of Business and Professional Women for campaigns to better inform women about the biological limits of their fertility.

Personal stories can alert us to social problems sliding under the radar. But before we heed the call for "positive family planning", we need to know more. Firstly, whether intervention by a general

practitioner (as Bachrach, in her forties and wanting children, would have wished) would be appreciated by younger women who may not yet, or may never, be interested in motherhood. We also need to know how GPs would view this sort of intervention, and whether they feel equipped with the knowledge and tools to ensure an effective engagement that is appropriately respectful of their patient's autonomy. There is a long history of women being valued by society only as mothers. It is important that any GP-based fertility intervention be sensitive to a woman's fertility values and plans, be they for motherhood or freely chosen childlessness.

Bachrach's article is a call for action, but we need to ensure that action is well grounded in research-based knowledge about current practice and the barriers both GPs and women perceive to dis-

cussing fertility plans in the consulting room. Such knowledge would be useful for the development of a tool to assist GPs in helping women make timely, well informed fertility decisions that are consistent with their parenting plans.

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1 Bachrach A. Missed conceptions: a call for "positive" family planning. *Med J Aust* 2006; 184: 358-360.

2 Chapman MG, Driscoll GL, Jones B. Missed conceptions: the need for education. *Med J Aust* 2006; 184: 361-362. □