TABLE IV.—PERSONS DISCONTINUING MEDICATION; PREGNANCIES; PHYSICAL EXAMINATION OF BABIES BORN AFTER MEDICATION

Treatment cycles of use	Women using norethynodrel		After discontinuing norethynodrel					
	At start of period	Active now	Discontinuing		Total	Babies		
			Number	Percent	preg- nancies 1	Born	Examined	Defects
to 5	838	30	205	24. 4	135	103	92	Ę
to 10	603	44	59	9.7	28	22	20	1
.1 to 15	500	36	5 9	11. 2	24	22	18	
.6 to 20		· 50	43	10. 6	27	19	15	
?1 to 25		49	26	8. 3	13	8	7	
6 to 30	237	42	23	9.7	11	7	4	
1 to 35	172	31	9	5. 2	6	4	2	1
6 to 40		32	9	6.8	6	4	2	1
1 to 45	91	18	5	5. 4	2	1	1	1
6 to 50		21	4	5. 9	1	0	0	(
1 to 55	43	14	0	0	. 0	0	0	
6 to 60		17	1	3. 4	0	0	0	
1 to 65	. 11	10	0	0	. 0	0	0	
66 to 70	. 1	1	0	0	0	0	0	(
Total		395	443		253	190	161	10

^{1¶169} women had 190 babies; 24 women aborted 25 times and 11 of the aborters also had full-term babies; 38 women

are pregnant now.

2 Defects: See discussion of each case in the notes.

NOTES ON TABLE IV

Defects and fetal loss:

(after 1 or 2 treatment cycles):

- —Mother with chronic hypertension. 1st baby normal. 2nd Macerated 2 lb. fetus with missed premature labor
 —Mother with chronic hypertension. 3 lb. premature infant who survived.
 —Stillborn infant 7 lb. 14 oz. due to arrest of aftercoming head in breech delivery.
 —7 lb. infant with congenital heart defect.

-Spontaneous rupture of pregnant uterus at term. 7 lb. 15 oz. stillborn.

1 (after 9 cycles of treatment):

-4 lb. premature infant born to mother with incompetent cervix. Neonatal death probably due to hyaline membrane.

1 (13 treatment cycles):

Stillborn at term (7 lb. 8 oz.) due to untreated syphilis.

(18 treatment cycles):

—Term infant, cause of neonatal death unknown, according to medical certificate from the hospital where delivery occurred. Subsequent pregnancy terminated here with a full-term normal infant.

2 (23 and 24 treatment cycles):

—3 lb. 4 oz. premature with multiple congential defects associated with polyhydramnios. The mother has a strong family history of several sisters with children with multiple defects, although her other two children are normal.

—Full term female infant with port-wine stain on left thigh.

It seems unlikely that there is any relationship between the use of norethynodrel and fetal loss.

A study of the reasons given for discontinuing the drug reveals a delicate balance between the motivation of the woman on the one hand, with a desire to limit fecundity for physical or economic reasons; fears imposed by the community and the church; superstition and advice of the neighbors; and certain unpleasant but benign side effects that at least 44 per cent of women reported at the beginning of treatment. This is a typical comment of one country mother, 35 years old, with 8 children: "The pills make me feel as if I were a couple of months pregnant, but I wouldn't stop for anything because I don't want another child." A young clerk with 3 children who has used several of the conventional methods says she always feels a little "queasy" but because of greater security with the pills she will continue. At least half of the women, however, have no complaints.

No one who followed instructions became pregnant while using the medication. Twelve patients proved to be already pregnant when the treatment was started and 13 became pregnant due to incorrect use. Even if we should count the 13 as method failures, the pregnancy rate of 1 per 100 couples per year is far better than any other method reported in Puerto Rico (9). Among these 13 women who became pregnant were several long-term users who assumed that missing a few pills really would not matter after three years of continuous treatment. Two patients had amenorrhea after 51 and 30 cycles respectively and waited more than 10 days without pills before starting another cycle. Two other patients after 44 and 37 cycles respectively lost the pills in the Humacao flood and were at risk without protection for a week mid-cycle.