

PROJECTED NUMBER OF WOMEN IN MILLIONS USING ORAL CONTRACEPTIVES

Year	Ever users	Current users	Total women (15-44 years)
1970	10	6	43.3
1975	13	8	46.9
1980	16	10	51.9
1985	19	12	56.4

If the estimate of 8.5 million cycles distributed monthly reflects reasonably well the number of current users of oral contraceptives in early 1969, it would appear that the Committee's projections were conservative, at least to the present time.

EFFECTIVENESS

Taken according to the regimen prescribed, oral contraceptives of the combined type are almost 100 per cent effective in preventing unwanted pregnancy. Major clinical reports published between 1962 and 1967 cover an aggregate of some 200,000 cycles of medication. In these studies only 15 pregnancies occurred unassociated with the omission of one or more tablets, according to the statements of the users. The corresponding pregnancy rate, reflecting the "theoretical effectiveness" of the method, is approximately 0.1 per 100 women per year. The theoretical effectiveness of the sequential oral contraceptives appears to be somewhat lower, as indicated by a pregnancy rate of 0.5 per 100 women per year, based on 70,000 cycles and 25 pregnancies, apparently resulting from method failure (15).

Computation of pregnancy rates for oral contraceptives comparable to those available for other methods requires the inclusion of so-called patient failures, apparently resulting from the omission of one or more tablets during the cycle. Thus defined, the pregnancy rate reflects "use-effectiveness" and averages 0.7 per 100 women per year under the combined regimen and 1.4 per 100 women per year under the sequential regimen, according to published reports (15.). The absence of any pregnancies in a number of reports results from sampling variation, as do higher rates in other studies.

Theoretical effectiveness and use-effectiveness are significantly higher for combined contraceptives than for intrauterine devices (9), the condom, the diaphragm used with spermicidal jelly or cream, vaginal foam, and vaginal jelly or cream used with the diaphragm (6). The rate shown for "condom or diaphragm" under the heading of method failures is based on the experience of couples who used these methods for purposes of family limitation, after they had achieved the number of children they wanted (12). Strictly speaking, this rate reflects use-effectiveness in the hands of a highly motivated group of users; the pregnancy rate reflecting theoretical effectiveness should be a little lower. The number of couples available for study was too small to permit the computation of separate rates for the two methods.

The pregnancy rates shown in Table 2 do not include unplanned pregnancies after contraception has been stopped for reasons other than the wish to conceive. A statistical method for evaluating such pregnancies has recently been developed (17), and several studies are in progress to ascertain their frequency after discontinuation of oral contraception. This broader concept of "extended use-effectiveness" is of particular importance for the evaluation of oral contraceptives since the nature of the regimen permits a sharp distinction between cycles of use and cycles of non-use. If a woman fails to take oral medication and conceives, as is often the case, the method is usually exonerated. If she fails to use consistently a coitus-connected method, and conceives, the pregnancy is more likely to be charged to method failure.

HORMONAL CONTRACEPTIVES UNDER CURRENT INVESTIGATION

Suppression of ovulation—Oral preparations

Since 1966, when this Committee issued its last report on oral contraceptives, pharmaceutical firms continued to investigate different combinations or doses of synthetic progestins and synthetic estrogens in an effort to reduce side effects of antiovlant therapy while maintaining a high degree of effec-