Dr. Hellman: This problem is more common than you would suppose. I see no point in her taking the Pill, since she doesn't need the continuous protection it affords. She could very well use the diaphragm or perhaps the intrauterine device (IUD). If she does take the Pill, however, she must take it *all* the time.

Judith: Then there is the woman with the opposite problem. She and her new husband have frequent sexual intercourse. But they are both in their early twenties and want to wait a few years before having children.

Dr. Hellman: The Pill is ideal for her, since it is difficult to insert an intrauterine device into a woman who has not had a baby.

Judith: Does the fact that this woman has frequent sexual intercourse influence the type of oral contraceptive you would prescribe for her?

Dr. Hellman: Not at all. The combined pill—which contains two powerful drugs, estrogen and progesterone—is a little bit safer if a woman forgets and skips a pill. But the sequential pill—which consists of a series of pure estrogen followed by several tablets of estrogen and progesterone—is considered safe if taken according to instructions.

I, myself, give some of my patients the sequential pill because its effect comes closer to the natural female menstrual cycle and does not diminish the monthly period, which is worrisome to certain women. However, the latest government report on the Pill suggests that the sequential form may be associated with a slightly higher risk of blood clotting. This remains to be proved.

Judith: What about the woman who has been using a foam preparation for three years since the birth of her second child? Her friends keep telling her about the advantages of the Pill, but she is afraid of its side effects. Should she change methods?

Dr. Hellman: If the foam has worked well for her for the past three years, the chances are that it will work well for another three years. If she's satisfied with the method she is using, there is no reason for her to change.

Judith: What about Mrs. G.? She is twenty-five years old. She has two children and would like to have two more spaced over a period of four to six years. Is the Pill going to interfere with her fertility?

Dr. Hellman: There is no evidence that it does. But before trying to get pregnant, she would be wise to go off the Pill for a few months and in the interim use another method. Some doctors think that the first few ovulations off the Pill may not be completely normal.

Judith: Here are women with special problems. What contraceptives would you recommend for them?. Mrs. F., aged twenty-six, has just got married. She and her husband want to wait two years before having a child. A routine gynecological checkup revealed that she has fibroids.

Dr. Hellman: She's making a mistake from the beginning. There's always a chance that the fibroids, which are benign tumors of the uterus, will grow larger and require surgical removal. She should have her family right away. If she still wants to wait, it would be advisable for her to use a diaphragm. The Pill is not recommended for women with fibroids. The estrogen that it contains tends to make them grow. The IUD would also be suitable in certain cases.

Judith: What are the other complications that can be caused by the IUD?

Dr. Hellman: The problem is that it doesn't always work very well. The IUD can bring on cramps and also bleeding. Sometimes it is expelled. In a few instances, it has perforated the uterus. It has also caused peritonitis. The death rate from complications caused by the IUD in the United States is probably around two per hundred thousand—close to that of the Pill.

Judith: The next case involves a very delicate situation. You are consulted by the parents of a sixteen-year-old girl who is promiscuous. Her parents have tried to be firm. They have even punished her, with no success. She is now seeing a psychiatrist, but she is still sexually promiscuous. Her parents are desperately afraid that she will get pregnant, but they don't want to do anything that will encourage her sexual activities.