Dr. Hellman: By all means, she should be given contraceptive aid. A pregnancy would just worsen an already troublesome situation. Unfortunately, the type of girl who is promiscuous is apt to be forgetful about the Pill. She certainly cannot be relied on to use a diaphragm, and her multiple partners are not to be trusted to do anything to prevent pregnancy.

I would try to fit this girl with an IUD. The insertion would probably have to be done under anesthesia, since insertion is likely to be painful. I might have to try one of several IUDs—which come in different shapes and sizes—to find one that fits satisfactorily.

Judith: Suppose this girl develops cramps and bleeding or one of the other problems you said were associated with the IUD. Would you give the Pill to someone that young? Is there any chance that it will stunt her growth?

Dr. Hellman: No, it does not. In the first place, the growth spurt takes place in the tenth to twelfth years among American girls. In the second place, the amount of estrogen necessary to inhibit growth is far larger than that contained in the Pill. The Pill certainly will have less effect on growth at this age than a pregnancy would have.

However, I should point out that there is one potential problem in giving the Pill to sixteen-year-old girls. In the early years of menstruation, the Pill can interfere with the establishment of the regular menstrual cycle. This is another reason why I would recommend the intrauterine device for this particular girl.

Judith: How would you prescribe for Mrs. H., whose maternal grandmother has diabetes? Is it all right for her to take the Pill?

Dr. Hellman: As long as she doesn't have diabetes. Some women may have heard that the Pill can cause a rise in their blood sugar. This is true, but the elevation disappears as soon as they stop taking the Pill. Of course, any woman who has diabetes in the family should have her blood and urine checked as part of the physical checkup she undergoes annually.

Judith: Would you give the same advice to a woman whose mother and aunt both had cancer?

Dr. Hellman: No, I would not, for this reason: although there is no evidence that the Pill causes cancer in women, it is possible that the estrogens contained in the Pill could speed up the growth of existing cancers. If a woman has a well-established family history of cancer, she would do better with another form of contraception. This case underscores the need for a complete medical checkup by a gynecologist. The woman should be sure to tell her doctor about any diseases she may have as well as any family history of diseases like diabetes or cancer, especially if several relatives have been affected.

Judith: How would you advise a woman who decides that after the birth of her second child by cesarean section that she doesn't want any more children?

Dr. Hellman: For those women whose childbearing is definitely completed, even without complications such as cesareans, the ideal method of contraception is tubal ligation, or tying off, which is both safe and permanently effective. A small incision is made in the abdomen while the woman is under anesthesia. Then the fallopian tubes are tied off so that no more eggs can pass into the uterus. Women who have bad previous cesarean operations and are due to have another one are often asked by their obstetricians if they plan to have more children; if not, the obstetrician can easily perform the tubal ligation at the time of delivery.

I prefer the term tubal ligation to sterilization because nothing is taken out. It doesn't alter a woman's hormonal balance or menstrual cycle. Most of my patients who have undergone tubal ligation have felt greatly relieved afterward. They were free of the threat of pregnancy and were able to enjoy sexual relations even more.

Naturally, a woman should not undergo this operation unless she's pretty sure that she doesn't want another baby. The tubes can be untied, but only thirty to fifty percent of these women are able to conceive afterward.

If the woman doesn't want to undergo tubal ligation, I would recommend the Pill, the IUD, the diaphragm, or a condom for her husband—in that order of decreasing effectiveness.