

well known and experienced, pointed out that the failure rate of the condom or diaphragm—properly used—is very low. The higher figure obtains in couples with low motivation—for example, those who have one child and are not quite sure when they want a second. An excellent batting average is seen in highly motivated women—those who have completed their families, for example, and are sure that they don't want another child. In his opinion, most failures "are simply an expression of 'I don't care.'" And one thing is reasonably certain—condoms and diaphragms are not going to produce breast cancer, or diabetes, or any of the other ills that are at least a theoretical hazard of oral contraceptives, which can affect the whole body, not just the uterus.

It would be wonderful if doctors could predict which women would get into trouble from the pill, but at the moment it is possible only to avoid its use in certain women, such as those with obvious vein disease, past or present, and a history of migraine or of jaundice during pregnancy.

[From the British Medical Journal, October 5, 1968, pp. 19–25]

PUERPERAL THROMBOEMBOLISM IN RELATION TO THE INHIBITION OF LACTATION BY OESTROGEN THERAPY

(By T. N. A. Jeffcoate,* M.D., F.R.C.S.Ed., F.R.C.O.G.; Janine Miller,* M.B., Ch.B., M.R.C.O.G.; R. F. Roos,* M.B., Ch.B., M.R.C.O.G.; V. R. Tindall,† M.D., F.R.C.S.Ed., M.R.C.O.G.)

SUMMARY

An analysis was made of 111 consecutive cases of puerperal thromboembolism by the age, parity, mode of delivery, and lactation habit of the women concerned, and the findings were compared with those from control groups.

The statistics show that inhibition of lactation by means of ethinyloestradiol is associated with a threefold increase in thromboembolism, although the effect is seen mainly in women who have an operative delivery and who are aged more than 25 years. Among women aged more than 35 years who have an assisted delivery, inhibition of lactation is accompanied by a tenfold increase in the incidence of puerperal thromboembolism.

Advancing age and operative intervention (especially caesarean section) are in themselves predisposing causes of deep venous thrombosis and embolism. They can also constitute indications for inhibiting lactation. This makes it difficult to assess whether the relation of thromboembolism to inhibition of lactation or to the administration of oestrogen is real or apparent. Doubts on the interpretation of the findings are raised by the fact that the number of fatal cases of puerperal thromboembolism in England and Wales, and of non-fatal cases in the hospitals under review, has not increased in recent years despite a progressive decrease in breast-feeding. Nevertheless, the evidence suggests that although the administration of ethinyloestradiol is not by itself enough to cause puerperal thromboembolism, it may be a factor which can tip the scales in women who are already predisposed to suffer this condition.

Any thromboembolic hazard associated with administration of oestrogens for inhibiting lactation is probably acceptable except in women known to be a special risk by reason of age, operative delivery, obesity, and a past history of thromboembolic episodes.

INTRODUCTION

It was first suggested by Daniel, Campbell, and Turnbull (1967) that suppression (or inhibition) of lactation favours the development of deep venous thrombosis and embolism in puerperal women. From information derived from the Cardiff Birth Survey these workers concluded that the inhibition of lactation in mothers aged 25 and more is associated with a tenfold increase in the incidence of thromboembolism, and postulated that the administration of oestrogen may play a part in this. Following this, Daniel, Bloom, Giddings, Campbell, and Turnbull (1968) showed that the administration of relatively large amounts of diethylstilboestrol increases the coagulability of blood by raising the level of factor IX. In the original Cardiff series the oestrogen used was

* Department of Obstetrics and Gynaecology, University of Liverpool, Liverpool 3.

† Department of Obstetrics and Gynaecology, the Welsh National School of Medicine, Cardiff.