

easy low-forceps extraction under anaesthesia involves little more trauma than spontaneous delivery, whereas caesarean section is a procedure of an entirely different order. A young woman of low parity is likely to have a minor procedure, whereas an elderly primigravida is prone to have a more difficult vaginal operation or even caesarean section.

Table V shows that primiparae who developed puerperal thromboembolism are more likely to have had an assisted delivery than are multiparae. Assisted delivery among older women developing thromboembolism was unusually frequent, and often involved more extensive surgical intervention. Of the 58 women aged 25 years or more 41 were para 1-3, and 23 of these (56%) had operative deliveries. The incidence of operative delivery among the corresponding control group was only 30%. Twenty-nine women who suffered thromboembolism were aged 35 years or more, and 18 of these had an assisted delivery.

TABLE V.—LIVERPOOL MATERNITY HOSPITAL (1956-66 INCLUSIVE). ACTUAL NUMBER OF CASES OF PUERPERAL THROMBOEMBOLISM BY AGE, PARITY, AND MODE OF DELIVERY

Age in years	Parity						Total	
	1		2 and 3		4 and more		N.D.	Ass. D.
	N.D.	Ass. D.	N.D.	Ass. D.	N.D.	Ass. D.		
<25-----	6	6	1	1	0	0	7	7
25-34-----	6	5	9	5	3	1	18	11
35+-----	0	7	3	6	8	5	11	18
Total-----	12	18	13	12	11	6	36	36

The interim conclusion drawn from a study of the experience of the Liverpool Maternity Hospital is that, although women who have lactation inhibited show a greater incidence of thromboembolism, any effect is considerably modified by the more important factors of age and method of delivery. In illustration of this it may be noted that among the 72 cases of thromboembolism there were eight cases of pulmonary embolism. The ages of the patients concerned were: less than 25 years in one, 25 to 34 in one, and 35 or more in six. Two of the women died from embolism. Both had had lactation inhibited with ethinyl-oestradiol, but they had been delivered by caesarean section and were aged 39 and 41 years respectively. Moreover, the older one suffered from diabetes mellitus.

FINDINGS AT MILL ROAD MATERNITY HOSPITAL

During the nine years 1958-66 there were 30,833 deliveries in this hospital, and 65 cases of thromboembolism were recorded. Three of the women concerned were admitted to hospital on account of deep venous thrombosis, having been previously delivered at home. Excluding these, the incidence of thromboembolism was 2.1 per 1,000 hospital births. In 26 of the cases (42%) thromboembolism occurred during pregnancy, leaving only 39 puerperal cases for analysis. In 21 (54%) of these lactation had been inhibited by means of ethinyl-oestradiol; this is approximately double the expected number calculated on a known breast-feeding rate of 73% for the hospital community on the seventh day.

The total number of records of control patients studied, abstracted as indicated previously, was 308. Based on these, the incidence of thromboembolism by age, parity, mode of delivery, and lactation habit was calculated to give the findings shown in Tables VI and VII. The figures from this hospital are too small to draw many firm conclusions, but they go to confirm the experience at the Liverpool Maternity Hospital. Overall, the incidence of thromboembolism was increased three to four times when lactation was inhibited. The effect of not lactating was manifested mainly in women aged more than 25 years and in those who had an assisted delivery (especially if they were of low parity). Among lactating women, however, the mode of delivery did not influence the incidence of thromboembolism except possibly in those aged 35 and more. A rising incidence of puerperal thromboembolism with age is apparent only in non-lactating women.