A Second Chance
To the Editor:

The October 1986 Pediatric Annals article, "Acute and Long-Term Consequences of Adolescents Who Choose Abortions," outlines the consequences of pregnancy termination, and even suggests (in the last paragraph) that "motherhood may be the best alternative available." Since 1963, there have been safer alternatives to abortion and motherhood in the form of postcoital ("morning-after") contraception. This second chance prevents implantation more than 98% of the time. It is safe. It is not associated with morbidity of any significance (when compared to pregnancy). It is not associated at all with mortality (as is abortion and full-term pregnancy).

For those who were not comfortable planning ahead, who had the condom break or slip off, who experienced a date-rape, or who for whatever reason risked unintended pregnancy, it would be a comfort to know that they had 72 hours to get a "second chance."

Postcoital contraception has been used in the United States since the early 1960s with remarkable success. Most females (98.5%) who use it do not get pregnant during the treatment cycle. Treatment regimens have evolved so that it is as simple as using four tablets—two now and two in 12 hours—of one of the oral contraceptives (Ovral is the only oral contraceptive that has been studied).

Postcoital contraception utilizing ethinyl estradiol/dl-norgestrel combined obviates the need to use high-dose estrogen for 5 days or insert an IUD. When postcoital contraceptives are used within 72 hours of fertilization, it is thought that it changes the endometrium sufficiently to prevent implantation which would occur 6 days after fertilization. This is at a time when the effects of potential teratogens are "all or none."

By including information about postcoital contraception when we talk with our patients (male and female) we will enable them to have options safer and cheaper than abortion and full-term pregnancy. We found in one survey of college females coming to a student health clinic that of those who had had an abortion, 85% were unaware of the existence of postcoital contraception at the time they accidently became pregnant.

Incidentally, it was curious that the July 1986 Pediatric Annals devoted to adolescent gynecologic practice included an article about cervical cancer, a sexually transmitted disease, but nothing about contraception at a time when 96/1000 teenagers get pregnant annually.

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The authors respond:

We appreciate Dr. Schilling's letter concerning post-coital contraceptive methodology. He makes several valid points which are often not appreciated by care providers for teenagers. We would like to stress that the use of post-coital contraception requires careful follow-up and evaluation to ascertain the success of this method in preventing pregnancy and inducing a subsequent menstrual period.

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