Missed pill conception: fact or fiction?

Sir,—Following the correspondence (13 July, p 136) on the paper by Mr B G Molloy and others (18 May, p 1474) we would like to express a cautionary note. We would agree with the points expressed on ovarian folliculogenesis, which occurs to a similar extent in the first seven days of spontaneous cycles as in the seven pill free days of combined oral contraceptive cycles. Some women seem less susceptible to gonadotrophin suppression than others during their pill taking days. These points were made some considerable time ago by endocrine assessment.1 More recently ultrasonographic evidence for this has come from Mr Molloy and others and Van der Vange et al (personal communication) and from our own results so far. It remains also to establish what potential for ovulation these ultrasonographically demonstrated ovarian cysts have. There are considerable difficulties in the design of research protocols to show this.

However, the suppression of gonadotrophin induced ovarian folliculogenesis is not the only mode of action of the combined oral contraceptive pill. Ancillary contraceptive effect is provided by imperceptible cervical mucous, which inhibits sperm transport, and by rendering the endometrium unfavourable for implantation. Hence, folliculic development cannot be the only factor implicated in the mechanism of pill failure and any study of the latter must ideally incorporate concurrent endocrine variables, ultrasonographic measurements, and assessments of cervical mucous.

Recommendations to women who inadvertently miss pills must inevitably, for the time being at least, be largely empirical. However, within the constraints of the data available2 the following advice should be given. If the omission of a pill served previously to extend the pill free period and hence the time available for folliculogenesis and effective cervical mucous, this next pill must be taken without a break at all. Arbitrary rules such as the prolonged use of barrier contraception in the women who occasionally omit their pills have little scientific foundation, their placing during the time of omission and until the weekly pill is administered. In our series (N 77) of 1458 patients with total pill compliance non-smokers compared with 60 (76%) of 79 who had predacnic or left sided colitis. Like Dr Thomson and others, we found smoking to be more common among our 10 patients with Crohn's disease than in the control group.