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 ovulation 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 ultrasonic 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 ultrasonically 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 impermeable cervical mucus, which inhibits sperm transport, and by rendering the endometrium unfavourable for implantation. Hence, follicular 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, ultrasonicographic measurements, and assessments of cervical mucus.

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 to extend the pill free period and hence the time available for folliculogenesis and effective ovulation then the next pill(s) should be started without a break at all. Arbitrary rules for the prolonged use of barrier contraception in the women who occasionally omit their pills have little or no foundation, their placing during the time of omission and until the gonadotrophin-progesterone protective effect on the cervical mucus has become manifest. From our published data2 and further studies in progress the current contraceptive barrier effect persists even with one or two days of pill omission. The time taken for the development of these changes during a course of pills needs to be firmly established.

4 MacDonald B, Dottrell E. Hormonal consequences of missing pills during the first two days of contraceptive artificial cycles. Contraception 1984; 30: 37-46.