

ECTOPIC PREGNANCY—INCIDENCE IN RELATION TO CONTRACEPTIVE METHODS

by

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Introduction

A recent increase in ectopic pregnancies compared to intrauterine pregnancies has been reported by various authors (Lehfold *et al*, 1970). At present, there is increased awareness of the population about contraceptive methods. Various methods of contraception, abortions and pelvic infections are said to predispose to tubal pregnancy.

One hundred and Forty-Eight cases of ectopic pregnancies for a period of 5 years (1979-1983) and the influence of contraception, pelvic infection and abortions over the incidence of ectopic pregnancy was studied.

TABLE I
Incidence

Year	No. of deliveries	No. of Ectopic Pregnancy	Incidence
1979	12,484	38	1:329
1980	12,463	15	1:830
1981	12,223	39	1:313
1982	11,778	37	1:318
1983	12,372	19	1:651

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Accepted for publication on 31-8-84.

The incidence of ectopic pregnancies to normal pregnancies was on an average 1 : 315 deliveries. In 1983, the incidence was 1 : 651 (Table I).

TABLE II
Previous Abortion

History of Previous abortions	No. of Ectopics	%
Spontaneous	25	16.9
Induced	9	6.1
Total	34	23.0

Among 148 cases of ectopic pregnancies, 58.8% were in 26-30 years age group and 66.2% were having 1 to 3 children which is the group covered by various contraceptive methods. Out of 34 cases, 22 belong to parity I — III.

In 148 cases, 14 cases (9.4%) were on various methods of contraception. Four cases had taken oral pills for 4 months to 2 years. Three cases were IUD users. One had Cu-T for 3 months, 2 had Lippes Loop for 2-3 years. Seven cases had tubectomy of which 3 were puerperal sterilisation. Three cases had transabdominal tubectomy and one laproscopic sterilisation.

Discussion

It is difficult to document an absolute increase in the number of ectopic pregnancies because of widely varying incidence. It varies from 1 : 28 in Jamaica to 1 : 200 in New York hospital. Our experience has held steady at 1 : 315. There is a realisation that more and more ectopic pregnancies are related to certain iatrogenic procedures rather than to natural events such as PID endometriosis and anomalies. Recent studies indicate 15% of all ectopic pregnancies are associated with IUCD use. (Hallatt J. G) prior tubal sterilisation, now in widespread use, also presents a significant risk factor. In the present series, contraceptive procedures as etiology accounted for 9.4% of our incidence of ectopic pregnancies with IUD, was low compared to others. The reason may be in our hospital we are inserting Cu-T 200 and

not Progesterone or any other medicated IUD.

The increase in ectopic pregnancies reported may be apparent due to better diagnostic facilities rather than due to contraceptive methods and abortions. They act as risk factors and diagnosis must be in mind not to miss it.

Acknowledgement

We thank Dr. Colleen Srinivasan MS. DGO., Professor of Obstetrics and Gynaecology and Superintendent, Govt. R.S.R.M. Lying-in Hospital, Madras-13 for allowing us to present this data.

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