In celebration: The 40th birthday of the Pill

“The future is not likely to be dull”. This statement, made by the Family Planning Association (now known as fpa) in 1960 when it launched the first UK trial of the oral contraceptive pill, proved to be more than accurate! Four decades on from the introduction of ‘the Pill’ in 1961 (1960 in the US), history graphically illustrates how oral contraception not only revolutionised the field of birth control, but also fundamentally changed and improved the role and health of women, legitimised the involvement of the medical profession in the field of family planning, and split the Catholic Church.

Creation of the oral contraceptive pill followed more than 30 years of research, from early work by Haberlandt in the 1920s who demonstrated that fertility could be influenced by hormonal manipulation, to the pioneering work of researchers such as Marker, Djerassi, Rock and Pincus from the 1930s to the 1960s. The introduction of the Pill was greeted with enormous hype and expectation – contraceptive methods were few in the 1960s, something we forget with so many choices in 2001. The Lancet discussed it as ‘a subject second in importance only to the nuclear bomb’. Euphoria, however, soon gave way to concerns about safety, which resulted in three of the world’s largest and most influential oral contraception research studies being set up – The RCGP Oral Contraception Study and The Oxford/FPA Contraceptive Study in the UK and the Nurses Health Study in the US. These studies, and the many hundreds that have followed, are fundamental to our understanding of the true risks, benefits and uncertainties of oral contraception.

Forty years on and oral contraceptive pills are among the most thoroughly researched drugs of all time – rightfully so, for a product that is used by young, healthy women for potentially long periods of time. Their safety profile needs to be exemplary. No contraceptive method is 100% effective with no side effects. This ideal is likely to be elusive, but development does not stand still. Research is vital in contributing to our knowledge but, and it is an important but, how research is carried out, discussed and reported can have the most devastating effect on the way the Pill is perceived, provided, used and developed.

The Pill is not perfect; it will not suit everyone, but today’s oral contraceptive pills bear no resemblance to, and should not be compared with, their early predecessors. Research has provided a much clearer picture about risks and benefits. This in turn has meant that informed medical practice is more careful in its selection of users. We can be confident that, when trained and up to date professionals appropriately prescribe the Pill to women who are non-smokers, with no medical contraindications, there are negligible risks – fewer than seen in pregnancy and childbirth. Yet 40 years on, and although widely used, the Pill is not universally popular. It continues to be one of the most worried over and talked about drugs, regularly making newspaper headlines. Consequently, women’s fears persist out of all proportion to actual risk, and in most cases they are unaware of the Pill’s substantial non-contraceptive health benefits. Confidence in the method is low and this is related to poor Pill taking, inconsistent use, missed Pill, incorrect transition between Pill packs and early discontinuation. Professionals’ knowledge of the Pill’s advantages and disadvantages remains varied. The mistrust and ignorance surrounding the Pill, by both women and health professionals, is surely unacceptable.

In celebrating the 40th birthday of the Pill, we can say it has without doubt lived up to those early expectations of being a highly effective and safe method of fertility control for women. If it is to continue to be a valid contraceptive choice for the future, we have to stop being complacent and work much harder to improve and promote women’s general understanding and confidence in oral contraception. We must recognise the need to unravel and counter the myths, misconceptions and misinformation that continually surround oral contraception. This means improving practice, communication and the availability of accurate (evidence-based), complete, consistent and memorable information.

The next 40 years are likely to see major advances in contraception; the Pill has already paved the way for new and innovative hormonal delivery systems for women and now, men. Confidence in today’s methods is vital for acceptance of tomorrow’s.

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References
1 fpa 31st Annual Report 1961/2
2 Oral Contraception. The Lancet 1962; 1167.

Progress for the Journal of Family Planning and Reproductive Health Care

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