References

[1] Bainton, C. R., and Peterson, D. R., *New England Journal of Medicine*, 1963, **268**, 569.
[2] Lown, B., *et al.*, *American Journal of Cardiology*, 1967, **20**, 494.
[3] McNeilly, R. H., and Pemberton, J., *British Medical Journal*, 1968, **3**, 139.
[4] Fulton, M., Julian, D. G., and Oliver, M. F., *Circulation*, 1969, **40**, Suppl. No. 4, p. 182.
[5] Restieaux, N., *et al.*, *Lancet*, 1967, **1**, 1285.
[6] Lawrie, D. M., *et al.*, *Lancet*, 1967, **2**, 109.
[7] Shaw, G. B., Groden, B. M., and Hastings, E., *Scottish Medical Journal*, 1971, **16**, 173.
[8] Julian, D. G., Valentine, P. A., and Miller, G. G., *American Journal of Medicine*, 1964, **37**, 915.
[9] Kuller, L., Lilienfeld, A., and Fisher, R., *Circulation*, 1966, **34**, 1056.
[10] Gambier, D. M., *Journal of the Royal College of General Practitioners*, 1970, **20**, 153.
[11] Patel, A. R., *British Medical Journal*, 1971, **1**, 281.
[12] Pantridge, F., in *Acute Myocardial Infarction*, ed. D. G. Julian and M. F. Oliver. Edinburgh, Livingstone, 1968.
[13] Oliver, M. F., *Journal of the Royal College of Physicians of London*, 1968, **3**, 47.
[14] Bethesda Conference Report, *American Journal of Cardiology*, 1969, **23**, 603.

Contemporary Themes

Survey of 3,000 Unwanted Pregnancies

JOAN LAMBERT

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Summary

A survey of 3,000 unwanted pregnancies disclosed two main populations differing in age, marital status, and contraceptive practice. Failure to use contraception accounted for two-thirds of the pregnancies. More than half of the patients were married women or single women in stable relationships, but many single women faced their predicament alone, without help from partner or parent.

Some evidence is given of valid needs which could not be met by existing N.H.S. facilities.

Introduction

A survey was made of 3,000 consecutive patients who came to the Pregnancy Advisory Service during the year November 1968 to November 1969. The service is a registered charity which opened in London in November 1968 with the aim of giving sympathetic advice and help to women with unwanted pregnancies. Patients discuss their problem with an experienced social worker and are then seen by one of a number of doctors employed by the service on a sessional basis. These doctors are usually general practitioners or those experienced in family planning or marriage guidance. Those patients thought to have grounds for termination of pregnancy are then referred to gynaecologists, who make their own assessment and arrangements for treatment. Patients who decide to keep their babies are put in touch with the person or organization who will give support during and after the pregnancy. As many patients as possible from the London area are seen by the social worker for follow-up interviews.

Method

Research and collection of data were among the original aims of the service. Careful records are kept of all patients who have come for advice. A questionnaire is completed by the staff, which serves as both a medical and a social case history, and is sent to each of the doctors the patient consults. Part 1, completed by the social worker, includes the patient's age, birth order in the family and number of siblings, marital status, social class, religion, nationality, ethnic group, the area in which she lives (given in regional hospital board areas), and by whom she was referred to the service. If single she is asked whether she lives with her parents and whether they know about her pregnancy. Information about her partner states how long he has known her and his nationality, status, and attitude to the pregnancy. The patient's contact with her general practitioner is recorded, whether she consulted him about this pregnancy, whether he sent her to a N.H.S. gynaecologist or other specialist, whether he signed certificate A, and whether he subsequently sent her to the advisory service.

Part 2 of the notes, for the doctor's use, compiles a gynaecological history, including the date of her menarche, information about the pregnancy test, date of her last menstruation, and the doctor's estimate of the gestation period. The number and outcome of previous pregnancies are noted. The patient is asked about her regular use of contraceptives and the method in use on the occasion on which this conception was thought to have occurred. If the patient is thought to have legal grounds for termination the doctor records the clause(s) of the Abortion Act under which he recommends an abortion.

Part 3 is completed by the gynaecologist or other specialist to whom the patient may be referred or by the office staff if she is not referred. Elements were coded from completed case histories. From these anonymous coding sheets London University Computing Services punched 80-line cards. The data were analysed by using the M.V.C. programme of the Atlas computer.

Results

SOURCE OF PATIENTS

Patients came from all over the British Isles, most (72%) from London and the Home Counties. Foreign girls not domiciled in Britain were not seen, as they were not registered with a general practitioner and because language difficulties would have made proper assessment impracticable. Altogether 1,319 (44%) patients were sent to the advisory service by their

London S.W.14.
JOAN LAMBERT, Housewife, London

own general practitioner, 80 (3%) with part 1 of certificate A already signed; 2,759 (92%) patients had already consulted their own general practitioner, often at the insistence of the advisory service, before seeing the service doctor. Those patients who did not (8%) were very often nurses who did not wish to approach the medical officer at their own hospital.

Family Planning Association doctors referred 131 (4%) patients, and another 271 (9%) came from hospital or other doctors. A total of 1,590 (53%) patients were sent by doctors. The other patients came from various sources—from social agencies such as the Brook Advisory Centres, citizens advice bureaux, and the Samaritans; others had heard of the service from friends or the mass media.

After seeing the service doctor 414 (13·8%) patients were not referred to consultants for an opinion on termination of pregnancy for the reasons shown in Table I. A further 58 (1·9%) patients who were not referred for an opinion did not see the advisory service doctor. Altogether 2,575 (86%) referrals were made for an opinion on termination of pregnancy, 200 of them to N.H.S. hospitals and 2,375 to private consultants. Most (90%) were referred under clause 2 of the Abortion Act, 8% under combined clauses, and 1% each under clauses 1 and 3. The outcome of these referrals to gynaecologists in N.H.S. hospitals and in private practice is shown in Table II. The total number of terminations was 2,258—75% of all the patients or 87% of those referred for termination.

TABLE I—*Details of Patients Not Referred for Second Opinion*

No legal grounds	87
Decided to continue pregnancy	41
Pregnancy too far advanced	91
Medical contraindications	2
Referred to another doctor—for example, a psychiatrist—or another organization	103
Referred to general practitioner	53
Did not see advisory service doctor	58
Not pregnant	15
Not known	22
Total	472

TABLE II—*Outcome of Referral for Second Opinion*

	N.H.S.		Private	
	No.	%	No.	%
Accepted	124	62	2,134	90
Refused	39	20	28	1
Cancelled, miscarried, changed mind, etc.	16	8	135	6
Not known	21	10	78	3
Total	200	100	2,375	100

This table includes all referrals: some patients were referred more than once.

AGE AND MARITAL STATUS

In this series of 3,000 patients 1,907 (64%) were single, 846 (28%) married, 141 (5%) separated from their husbands, 80 (3%) divorced, and 21 (1%) widowed. Information was not available for the remaining five patients.

The age and marital status of the patients are compared with data from the Registrar General's abortion supplement 1968[1] in Tables III and IV.

TABLE III—*Age of Single Women in Registrar General's Survey (23,641 Women) Compared with Pregnancy Advisory Service Survey (3,000 Women)*

Age	Registrar General's Survey		Present Survey: Total		Present Survey: No. Terminated	
Under 16	553	(5%)	26	(1%)	19	(1%)
16-19	3,312	(30%)	547	(29%)	413	(28%)
20-24	4,921	(44%)	982	(51%)	758	(52%)
25-29	1,417	(13%)	255	(13%)	205	(14%)
30-34	390	(4%)	55	(3%)	44	(3%)
35-39	174	(2%)	27	(1%)	23	(2%)
40-44	46		14	(1%)	7	
45 and over	4		1		1	
Not known	303	(3%)				
Total..	11,120		1,907		1,470	

TABLE IV—*Age of Married Women in Registrar General's Survey (23,641 Women) Compared with Pregnancy Advisory Service Survey (3,000 Women)*

Age	Registrar General's Survey		Present Survey: Total		Present Survey: No. Terminated	
Under 16			1		1	
16-19	123	(1%)	16	(2%)	10	(2%)
20-24	1,274	(12%)	134	(16%)	90	(15%)
25-29	2,308	(22%)	203	(24%)	143	(23%)
30-34	2,752	(26%)	227	(27%)	168	(27%)
35-39	2,447	(23%)	170	(20%)	131	(21%)
40-44	1,190	(11%)	87	(10%)	67	(11%)
45 and over	135	(1%)	8	(1%)	4	(1%)
Not known	268	(2%)				
Total..	10,497		846		614	

The age at which patients seek advice on unwanted pregnancy is closely related to their marital status (Fig. 1). Both the present series and that of the Registrar General showed a dual population consisting of single women with a modal age of 20-24 years and married women whose modal age was 30-34 years. The advisory service saw a greater number of single women aged 20-24 years than those represented in the Registrar General's survey.

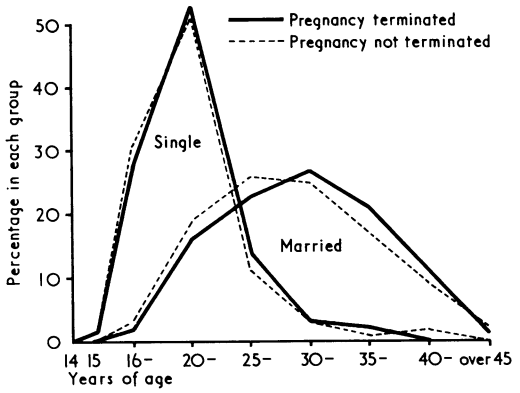

FIG. 1—Age and status of the 3,000 patients.

SOCIAL CLASS

Comparison between social classes was difficult because in addition to the usual five social classes of the Registrar General's *Classification of Occupations 1966* the groups unemployed, student, and schoolgirl were included in this survey as of particular interest. The occupations given in the Registrar General's abortion supplement of 1968, with which our figures are compared, correspond roughly with those defined in the *Classification of Occupations*.

In general the advisory service saw a similar proportion of women in classes II (intermediate) and IV (semiskilled) but more of those in class III (skilled) than were represented in the Registrar General's series. On the other hand fewer women from classes I (professional) and V (unskilled) were seen by the service. No relation was found between social class and the decision to terminate pregnancy.

GESTATION PERIOD

The length of the gestation period is an important factor in any decision to terminate pregnancy. In this series the gestation period was greater than 14 weeks in 10% of those patients whose pregnancies were terminated (married 6%, single 13%) but in 33% of those whose pregnancies were not terminated (married 18%, single 4%). The proportions of women coming to the advisory service at different weeks of gestation were similar to those in the Registrar General's survey, but there were fewer terminations late in pregnancy in the present series (Fig. 2).

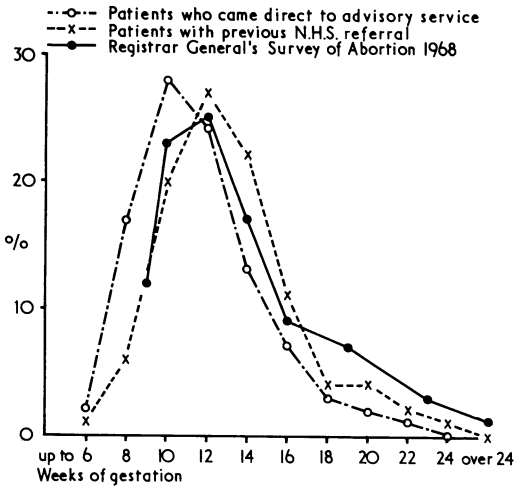

FIG. 2—Gestation periods of patients from different sources.

Marital status was related to the time of presentation in pregnancy and also to the chance of acceptance for termination. Single women present later than 14 weeks significantly more often than do currently married women (and this difference was found both among the patients who were subsequently accepted for termination and among those who were not).

Single women were more often accepted for termination than married women; this increased acceptance of single women was found almost entirely among those presenting at less than 14 weeks of pregnancy. After 14 weeks married and single women had an equal chance of obtaining a termination (Tables V-VII).

TABLE V—*Status of Women accepted for Termination of Pregnancy**

All Patients	Single†	Widowed, Separated, Divorced	Married†	Total
Terminated ..	1,470	174	614	2,258
Not terminated	426	66	227	719
Total ..	1,896	240	841	2,977

*Number of patients available for analysis was 2,977.
†χ^2 Corrected for continuity 7·683; 2 D.F.; P <0·02.

TABLE VI—*Status of Women presenting at less than 14 Weeks accepted for Termination of Pregnancy**

Up to 14 Weeks	Single†	Widowed, Separated, Divorced	Married†	Total
Terminated	1,278	154	572	2,004
Not terminated	254	44	184	482
Total ..	1,532	198	756	2,486

*Numbers of patients available for analysis was 2,977.
†χ^2 corrected for continuity 19·936; 2 D.F.; P <0·001.

TABLE VII—*Status of Women presenting after 14 Weeks accepted for Termination of Pregnancy**

After 14 Weeks	Single†	Widowed, Separated, Divorced	Married†	Total
Terminated	192	20	42	254
Not terminated	172	22	43	237
Total ..	364	42	85	491

*Number of patients available for analysis was 2,977.
†Not significant.

RELIGION

The religion of the patients is shown in Table VIII. Of the 528 Roman Catholics 283 (54%) stated that they were practising members of their church. The decision to terminate pregnancy did not appear to be affected by the religion of the patient. Of 1,782 claiming affiliation with the Church of England 1,364 (77%) had their pregnancies terminated, while of the 528 Roman Catholics 380 (72%) were terminated.

TABLE VIII—*Patients' Religions*

Church of England	1,782 (59%)
Roman Catholic	528 (18%)
Non-conformist	241 (8%)
Agnostic	237 (8%)
"Other," Hindu, Moslem, etc.	94 (3%)
No religion	50 (2%)
Jewish	30 (1%)
Not known	26 (1%)
Atheist	12

ROLE OF N.H.S. HOSPITALS

Before approaching the advisory service a quarter of the patients (739) had already been referred to N.H.S. gynaecologists by their general practitioner and had been refused termination of pregnancy. After this refusal half of them (399) were sent to the advisory service by their own doctors, 28 by the medical social worker at the hospital, 70 by the N.H.S. gynaecologist himself, and 34 by a psychiatrist or other doctor.

This group of patients was similar in age, social class, status, and parity to women throughout the country whose pregnancies were termined (Table IX).

TABLE IX—*Status and Parity of Women refused by N.H.S. Hospitals before coming to Pregnancy Advisory Service, compared with National Data on Women whose Pregnancies were Terminated*

	No. Refused by N.H.S. before coming to Advisory Service (739 Patients)	Registrar General's Survey. Pregnancy Terminated (23,641 Patients)
Married	285 (39%)	44%
Single	383 (52%)	47%
Widowed, separated, divorced	71 (10%)	8%
No. of children:		
0	376 (51%)	47%
1	98 (13%)	11%
2	133 (18%)	15%
3	79 (11%)	12%
4	31 (4%)	7%
5	13 (2%)	4%
6	4 (1%)	2%
7	3	2%
8	2	
	53	

The group of patients refused by N.H.S. hospitals included 53 women with four or more children; 41 of these patients subsequently had the pregnancy terminated. This group also included two patients aged 14, seven aged 15, and 119 aged 16-19, including 20 schoolgirls, while in the older age groups 43 women were aged 40-44, and one was aged 45.

Patients who waited for N.H.S. appointments and were refused, approached the advisory service on average two weeks later in pregnancy than those who came direct. Since the proportions of women coming to the advisory service at different stages of pregnancy were similar to those in the Registrar General's survey[1] their refusal did not seem to be related to the stage of pregnancy at which they attended the N.H.S. hospital (Fig. 2).

PARTNERS

Cohabitees were defined as partners living together as man and wife, sharing home, income, and expenses. A partnership continuing for more than three months was described as stable, while a casual partnership was one in which the pregnancy resulted from a single encounter. Liaisons of duration intermediate between casual and stable were described as temporary. The group coded as "temporary" included, however, all those

in whom the duration of the relationship was not accurately known or could not be reasonably inferred—for example, if the social worker interviewed an engaged couple but failed to note the duration of their liaison. The status of the patient and her relationship with her partner are described in Table X and summarized in Table XI.

TABLE X—*Status of the 2,995 Patients and their Relationship with the Putative Father*

	Single	Married	Separated	Divorced	Widowed
Husband		781 (92%)	42 (30%)	2 (2·5%)	1 (5%)
Cohabitee	35 (2%)	5	13 (9%)	14 (17%)	
Stable	851 (45%)	8 (1%)	26 (18%)	21 (26%)	4 (19%)
Temporary	858 (45%)	32 (4%)	47 (33%)	36 (45%)	12 (57%)
Casual	146 (8%)	18 (2%)	12 (9%)	7 (9%)	3 (14%)
Other, incestuous, not known	17 (1%)	2	1		1
Total	1,907	846	141	80	21

TABLE XI—*Summary of Most Frequent Relationship*

Husband and wife	781 (26%)
Stable partner with single woman	851 (28%)
Temporary partner with single woman	858 (29%)
Casual partner with single woman	146 (4%)
Wife and partner other than husband	65 (2%)
Other	294 (11%)
Total	2,995 (100%)

Patients were asked about the marital status of their partners. Altogether 1,629 (86%) single women had single partners, 239 (12%) had married partners, and 39 (2%) had separated, divorced, or widowed partners. Of 846 married women 65 (8%) had partners other than their husband, of whom 18 were married and 47 were not currently married.

During the interview with the social worker the patient was asked about her partner's attitude to the seeking of abortion. Sixty per cent of the partners of single women were in agreement with her decision, 35 (2%) partners disagreed, and 638 (33%) either did not know about the pregnancy or refused to take any responsibility. Of the husbands or partners of married women 93% were in agreement with her decision to try to terminate the pregnancy, one partner disagreed, and 43 (5%) did not know of the pregnancy or refused to be involved.

ATTITUDES OF THE PARENTS OF SINGLE GIRLS

Single girls were asked whether they lived at home and if they had told their parents about the pregnancy (Table XII). Nearly three-quarters (73%) of the single girls under 20 living at home confided in their parents but only a few (69 out of 750) living away from home did so. Of the 546 parents who were informed only eight did not support the decision to seek termination of pregnancy.

TABLE XII—*Numbers of Single Girls who Lived at Home and whether Parents were Informed**

		Total	No. of Parents Informed	% of Parents Informed	P
Aged under 20	Lives with parents	413	302	73	<0·01
	Does not live with parents	118	23	19	
Total		531	325	61	
Aged over 20	Lives with parents	454	175	38	<0·01
	Does not live with parents	632	46	7	
Total		1,086	221	20	
Total	Lives with parents	867	477	55	<0·01
	Does not live with parents	750	69	9	
	All single girls	1,617	546	34	

*Information was obtained from only 1,617 of the 1,907 single girls.

CONTRACEPTION

Patients were asked about their use of contraceptives, both in their normal lives and on the occasion on which this conception was thought to have occurred.

Two-thirds of the pregnancies (2,112) were associated with failure to use any form of contraception on this occasion, while another one-sixth (522) were related to failure of the sheath used as the sole method of attempted contraception. Practice differed greatly between married and single people; the use of some form of attempted contraception was twice as common among married than among single people, both normally and on the occasion of this pregnancy. The findings are shown in Tables XIII and XIV. Few patients were seen whose pregnancies had resulted from failure of other methods of contraception.

A significant relation between age and normal contraceptive usage was noted among married women. Fewer women under 25 and over 40 years old used contraception than those in the intermediate groups (Table XV). Single women in social class V (unskilled) used contraception less commonly (73% used none) than any group except schoolgirls, of whom 91% used none.

TABLE XIII—*Patients Not using Contraception; Comparison between Single and Married Women*

	Total	Not using Contraception Normally	Not using Contraception on This Occasion
Single	1,907	1,120 (59%)	1,539 (81%)
Widowed, separated, divorced	242	94 (39%)	178 (74%)
Married	846	141 (17%)	395 (47%)

P <0·01 (widowed, separated, and divorced women combined with single women).

TABLE XIV—*Use of Contraception by Single and Married Women; Normal Use and Use on This Occasion*

Method	Single Women		Married Women	
	Normal Use	On This Occasion	Normal Use	On This Occasion
No contraception	1,120 (59%)	1,539 (81%)	141 (17%)	395 (47%)
Sheath alone	580 (30%)	265 (14%)	388 (46%)	257 (30%)
Pill	77 (4%)	12 (1%)	83 (10%)	20 (2%)
Chemical alone	44 (2%)	33 (2%)	41 (5%)	34 (4%)
Cap + chemical	28 (1%)	16 (1%)	88 (10%)	65 (8%)
Coitus interruptus	21 (1%)	11 (1%)	22 (3%)	12 (1%)
Safe period	21 (1%)	17 (1%)	28 (3%)	14 (2%)
Sheath + chemical	8	4	15 (2%)	12 (1%)
Intrauterine device	5	2	39 (5%)	34 (4%)
Other methods	1	1		
Not known	2	7	1	3
Total	1,907	1,907	846	846

TABLE XV—*Number of Married Women Not using Contraception in their Normal Lives*

Age	No. of Women	Not using Contraception	
		No.	%
Over 40	95	22	23
Under 25	151	36	24
25-39	600	83	14

P <0·01

In social class V the proportion not using contraception was the same in normal life as on the occasion of this pregnancy. Married women in classes IV (semiskilled) and V also shared a greater than average tendency not to use contraception. Use of the sheath alone as the normal method was common in all social classes.

The percentage of couples using contraception increased with the stability of the relationship but was otherwise unrelated to whether the male partner was married or not. There was only one exception—that of the married woman's normal use within her own marriage, when contraception was more often used

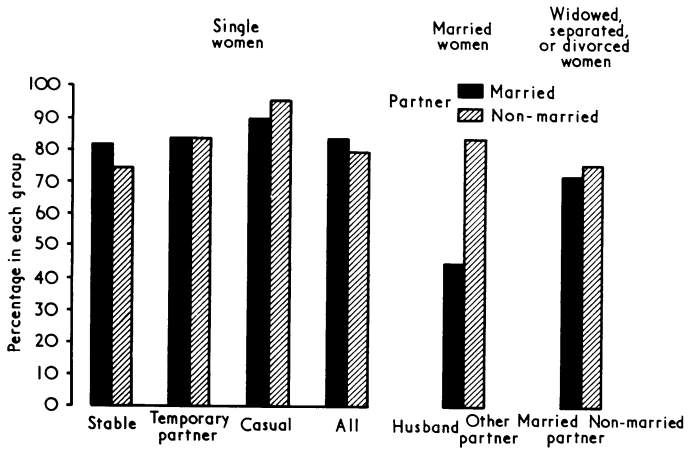

FIG. 3—Patients who did not use contraception on this occasion; comparison of married and non-married partners in each type of relationship.

than in any other situation. The married woman with another partner apart from her own husband was as likely as anyone else to fail to take precautions (Fig. 3).

Discussion

Much has been written about the Abortion Act since it became law in 1968, but there remains a serious lack of detailed factual information about women who seek termination of pregnancy. The review by the Registrar General[1] of women whose pregnancies were terminated in 1968 under the various clauses of the Act has provided much valuable demographic information about the whole group. The data here reported deal in greater sociological and medical detail with a group of women who sought help from the Pregnancy Advisory Service. The number of patients studied, 3,000, is a large enough sample to be of interest in its own right, but the group does also appear representative in many respects of the total group recorded in the Registrar General's survey. In respect of age, social class, parity, and length of gestation period the advisory service group closely matches that in the Registrar General's series. The advisory service patients included, however, a larger proportion of young single women than that described for the country as a whole, perhaps because the location of the service in central London allowed relatively easy access by young single women employed in the vicinity. Single women in early pregnancy—before 14 weeks—were more readily accepted for termination than married women. After 14 weeks their chances were the same.

A striking dual population emerged, differing not only in age and marital status but in contraceptive usage. The two main groups were of single women aged between 20 and 24 and an older group of married women in their early 30s. Contraception is normally used by a much higher proportion (83%) of married women than single women (41%). On the occasion of this pregnancy, also, contraception had been attempted by more married women (53%) than single women (19%). Hence probably unwanted pregnancies within a marital partnership often result either from a temporary lapse in the use of contraception or from a failure of the method. Even in this group nearly half of the pregnancies (47%) resulted from failure to use any contraception at all on this occasion. In single women, by contrast, failure to use contraception was much more frequent in their normal lives, and most of the pregnancies resulted from failure to use any precaution on this occasion.

Data about contraceptive practice are always open to criticism, and Clark *et al.*[2] doubted the reliability of their findings in this respect. Our doctors and social workers were, however, impressed by the open manner in which patients provided this and other information. If these figures tend to overestimate the amount of contraception used the proportion of patients failing to protect themselves against unwanted pregnancy must be even higher than our tables indicate.

TABLE XVI—*Use or Non-use of Contraception in Varying Partnerships on the Occasion of This Pregnancy*

	No Contraception	Sheath Alone	No Contraception or Sheath Alone
Man and wife ..	370/781 (47·5%)	258/781 (32%)	628/781 (79·5%)
Stable	645/851 (76%)	140/851 (16·5%)	785/851 (92·5%)
Temporary ..	718/858 (84%)	110/858 (13%)	828/858 (97%)
Casual	140/146 (96%)	6/146 (4%)	146/146 (100%)

Use of contraceptives depended not only on the marital status of the patient but also on the stability of the partnership. The proportion not using contraception on the occasion of this pregnancy is shown in Table XVI to rise from 47% in man and wife partnerships to 96% in casual liaisons.

Patterns of contraception described in this survey cannot, of course, be used to derive failure rates of different methods, since the whole series is composed of contraceptive failures. A notable group, however, second only in number to those not using a contraceptive at all, were those relying on the sheath as the sole method. Very few patients, 23 in the whole group, normally used a chemical barrier in association with the sheath though the Family Planning Association[3] and other authorities[4] recommend this. Altogether 80% of the unwanted pregnancies in married couples and all of those in casual liaisons resulted either from failure to use contraception at all or from failure of the sheath used as the sole method. If our findings are representative of the country as a whole, as in many measurable respects they seem to be, 62,00 of the 87,000 terminations performed in 1970 might have been avoided by the use of contraception.

Though the tendency not to use contraception increases in the more casual liaisons these constitute only a small proportion (4%) of the total group. Over half of the pregnancies in this series were in married women or in single women involved in stable relationships. In spite of this many women faced the predicament of unwanted pregnancy alone, without help from partner or parent. Two-thirds of the single women had not confided in their parents, and one-third of the partners of single women did not know about the pregnancy or refused to be involved with the woman's problems.

This survey also throws some light on another vexed question —that of N.H.S. resources in relation to needs revealed by the passing of the Abortion Act. On the one hand it must be remembered that most (61%) terminations in the country during the period of this survey were performed in N.H.S. hospitals; on the other hand, this survey does provide evidence of valid needs which were not being met by N.H.S. facilities. Though doctors differ greatly in their opinions on what constitute valid grounds for abortion the number of schoolgirls and elderly multiparous women seen by the advisory service after refusal by N.H.S. hospitals, together with the referral of 70 patients by N.H.S. gynaecologists, point to some deficiency in the available facilities of the Health Service.

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Requests for reprints should be addressed to The Pregnancy Advisory Service, 40 Margaret Street, London W.1.

References

[1] Registrar General, *Statistical Review of England and Wales for the Year 1968: Supplement on Abortion.* London, H.M.S.O., 1970.
[2] Clark, M., Forstner, I., Pond, D. A., and Tredgold, R. F., *Lancet*, 1968, 2, 501.
[3] Family Planning Association, *Clinic Handbook*, p. 11. London, Family Planning Association, 1967.
[4] Peel, J., and Potts, M., *Textbook of Contraceptive Practice*, p. 60. London, Cambridge University Press, 1969.