



DES (*di-ethyl-stilboestrol* or *stilboestrol*) is a synthetic oestrogen drug. It was prescribed to pregnant women in the belief that it prevented miscarriage and ensured a healthy pregnancy. Eventually though the drug was found to be both ineffective and damaging to the future health of both the women and their babies.

If your mother took DES while she was pregnant with you there are things you should think about in relation to family planning or contraception.

Contraception

When choosing a method of contraception everyone has to take into consideration their unique medical history. DES exposure is one such consideration that may influence the contraceptive method that you choose.

Natural family planning

This method is based on the predictability of your menstrual cycles, your ability to observe the body changes that indicate when you are fertile, and your ability to abstain from unprotected intercourse during those days.

There is no consensus as to whether DES exposed women are more likely to have irregular cycles. If you believe your cycle is irregular, you can keep menstrual records and have them evaluated by a trained person.

As a DES exposed woman you might also find it difficult to recognise changes in cervical mucus. The heavy discharge sometimes associated with adenosis might confuse you in trying to determine 'wet' vs. 'dry' days.

Nobody should try this method without assistance and guidance from experts (e.g. Family Planning Clinics).

Condoms

Condoms alone can be effective if used. Women whose partners use condoms have fewer vaginal infections and sexually transmitted diseases such as chlamydia, herpes and AIDS. This method provides a very effective and safe method of contraception for DES daughters.

Diaphragm

These can also be an effective method but it is essential that a diaphragm is properly fitted, and its use explained by an expert (e.g. Family Planning Clinic).

Intrauterine devices (IUD)

IUD usage world-wide has been reduced because of the risks of infection and the effects on future fertility.

The intrauterine device is designed to fit inside a 'normal' uterine cavity. Women who have alterations in the shape of the uterus and/or of the fallopian tubes are usually unable to use this contraceptive device.

DES daughters have an abnormally shaped uterus (e.g. small and T-shaped) and should therefore avoid using IUDs.

Oral contraception

The Pill

Most birth control pills contain two synthetic female hormones, oestrogen and progestin. The oestrogen used in the 'Pill' is a different chemical compound to DES, but it has the same hormonal action.

An American Federal Task Force recommended that DES exposed daughters (and their mothers) should use oestrogen cautiously. To date, DES daughters have used the oral contraceptive pill without any known harmful effects. However, possible risks must be weighed up against its contraceptive efficiency and convenience.

The progesterone-only pill (POP) or 'mini-pill' affects the cervical mucus, making it impregnable to sperm. It does not suppress ovulation.

As there is no oestrogen present, it is a useful alternative to the ordinary 'Pill' for DES daughters, although it is not as effective.

Other hormonal contraception

The Emergency Pill (also known as the 'Morning-after Pill') is a high dose of the oral contraceptive pill that is used only in emergencies (such as after unprotected intercourse).

Special problems with other hormonal methods, such as injections with Depo provera, are not known. At this stage it is experimental and should be avoided.

Abortion

Should you wish to have an unwanted pregnancy terminated, it is important to seek medical attention early from a doctor who is aware of your DES exposure. For DES daughters, termination of pregnancy can further increase the risk of cervical incompetence and thereby, recurrent miscarriage in future pregnancies.

In summary

- Discuss your contraceptive choices with a doctor who is aware of your DES exposure and aware of the risks associated with hormonal contraception.
- Use the contraceptive method that you are most comfortable with but keep yourself informed about the risk factors for DES daughters.
- If you are considering an abortion, it is advisable that you discuss the risks with your doctor.

Where to get more information

The DES Follow Up Clinic

Suite C, Frances Perry Consulting Suites
2nd Floor, Royal Women's Hospital
Cnr Grattan St & Flemington Rd
Parkville VIC 3052
Tel: (03) 9344 5077 for an appointment.

All patients of the DES Clinic require a medical referral from a general practitioner and their Medicare card.

Women's Health Information Centre (Victoria only)

The Royal Women's Hospital
Tel: (03) 8345 3045 or 1800 442 007 (rural callers)
Email: whic@thewomens.org.au

DES Action, Australia

P.O. Box 282
Camberwell VIC 3124
Web: <http://www.desaction.org.au>

DES Action is a non-profit, voluntary organisation which operates as a self-help group for DES mothers and daughters. DES Action offers information, support and lobbying for health issues that affect women.

Related fact sheets

- DES exposure
- DES daughters, sons and mothers
- Gynaecological changes in DES exposed daughters
- Pregnancy – information for women exposed to DES
- The later years – for women exposed to DES