

SP76.6 — **QUINACRINE STERILIZATION:** —
MEDROXYPROGESTERONE AS ADJUVANT
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Our initial comparison of depot medroxyprogesterone (DMPA) 150 mg IM and 3 cycles of oral contraceptives (OCs) as adjuvants to quinacrine nonsurgical female sterilization was a before-after trial of single transcervical insertion of quinacrine 252 mg. The OC component was conducted in 1992-1993 and the DMPA component in 1993-1994. An important and statistically significant decline in pregnancy failures from 8.2 (SE 3.69) per 100 women at 18 months to 0.55 (SE 0.55) was noted in favor of DMPA. We had also noted in a separate before/after trial that insertion technique can influence efficacy. In this 900 case trial the insertion technique was changed after 495 cases from midlevel uterine placement of quinacrine pellets to fundal placement. A statistically significant decline in pregnancy failures from 4.4 (SE 0.92) to zero occurred per 100 women at 24 months. In order to separate the effects of **DMPA** and insertion technique a systematic allocation of OCs for three months or DMPA injection was administered for every other case among 635 women in 1995-1996. All but 89 cases were additionally restricted by having insertions made on days 9-12 of the menstrual cycle. With this restriction there were no pregnancy failures at 18 months of use with 55 cases still at risk. Without this restriction the pregnancy failures showed no statistically significant difference between the DMPA and OC groups. We conclude that a single insertion of quinacrine with either DMPA or OCs as additional contraception for 3 months provides acceptable efficacy if fundal insertions of quinacrine pellets are consistently made. Randomized trials of insertion technique and of early and late insertions in the proliferative phase of the menstrual cycle are needed.