

women conceiving within 1 to 5 months of cessation of oral contraceptives. This finding, although based on small numbers, deserves further evaluation and, with the low occurrence of twin spontaneous abortions, it is unlikely that one center could collect enough data for meaningful conclusions re twinning, heteroploidy, and recent pill exposure. I feel that a systematic multicenter investigation is clearly indicated.

There is no agreement on the incidence of heteroploidy in postpill spontaneous abortions,<sup>3</sup> and the data relating to twin spontaneous abortions are inadequate.<sup>4</sup> Correlative clinical, pathologic, and cytogenetic studies on all postpill spontaneous abortions will undoubtedly yield valuable information concerning the pathophysiology of the postpill state and the pathogenesis of heteroploidy in humans.

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#### REFERENCES

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#### Reply to Dr. Honoré

To the Editors:

Dr. Honoré does not say how his case series was collected (for example, were they all consecutive cases?) but the twinning rate of between 1.1% and 1.6%, depending upon which denominator is used, suggests that his rate of twin spontaneous abortions is not dissimilar to the usual rate of twin deliveries. Recent exposure to oral contraceptives in three of the seven mothers of spontaneously aborted twins also generally agrees with that in the mothers of twins delivered at term.<sup>1</sup>

I certainly agree that we need to know much more about spontaneous abortion and also about all pregnancy outcomes as well as fertility in general after oral contraceptive use. Such studies should be designed to permit the control of possible confounding maternal factors on pregnancy outcomes. We know from many studies, for example, that women who use oral contraceptives are also significantly more likely to be heavy smokers,<sup>2</sup> to drink alcohol frequently,<sup>3</sup> and to have a history of previous induced abortions.<sup>4</sup> Preliminary data from our own research indicate that women who

smoke may conceive more rapidly after stopping oral contraception than women who do not smoke. Whether this is a pharmacologic effect or it is due to other characteristics of women who smoke and use the pill is presently unclear.

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3. Cahalan, D., Cisin, I., and Crossley, H.: *American Drinking Practices*, New Brunswick, New Jersey, 1969, Rutgers Center for Alcohol Studies.
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#### Determination of correct karyotype

To the Editors:

With reference to the letter of Dobelle and associates (*AM. J. OBSTET. GYNECOL.* **130**:117, 1978) and the article by Stenchever and Parks (*AM. J. OBSTET. GYNECOL.* **127**:143, 1977) the only way to ensure that karyotyping of chromosomes 8 and 9 is done correctly is to perform

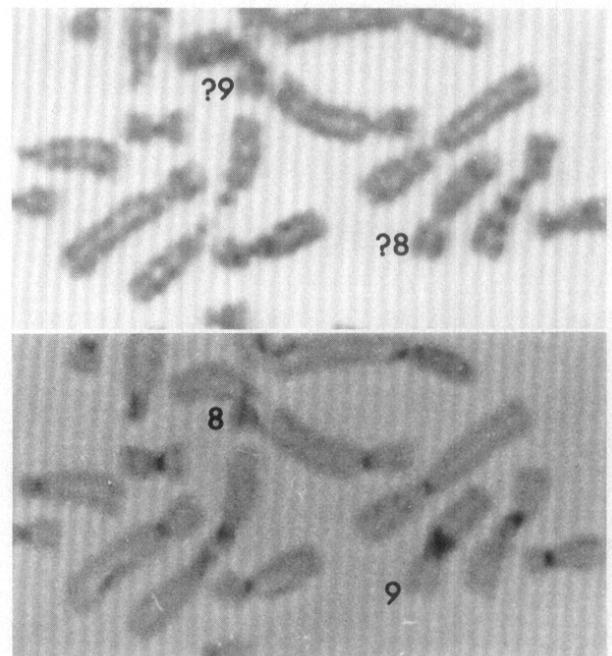


Fig. 1. Identification of chromosomes 8 and 9 by use of G and C banding.