

DES daughters - fertility and pregnancy

Diethylstilboestrol (DES) was commonly prescribed as an anti-miscarriage drug between 1946 and 1971 in Australia. If your mother took DES while she was pregnant with you, then you are a DES daughter. We now know that DES exposure in the womb can cause a range of reproductive changes and fertility problems later in life.

Your contraceptive choices might be limited

You need to take your exposure to DES into account when you decide on your choice of contraception. It is a good idea to discuss your options with a doctor who understands that you are a DES daughter. Some of the problems include:

- **Natural family planning** - heavy vaginal discharge might make it more difficult to interpret your cervical mucus for fertile and infertile days.
- **Intrauterine devices (IUDs)** - some DES daughters have changes in the shape of their uterus; these women should avoid using an IUD.

Other contraceptive choices

- **The pill** - the combined pill contains oestrogen, but there are no reported problems specific to DES.
- **Other hormone treatments** such as Depo-Provera injections and the high hormone dose 'morning after pill' may be used if appropriate and necessary.
- **The 'mini-pill' (progestagen only)** - there are no problems with DES.
- **Condoms.**
- **Diaphragm and spermicide.**

Abortion can increase your risk of miscarriage

If you want an abortion, it is vital to consult with a doctor who understands your DES exposure. It is possible, but not proven, that having an abortion could increase your risk of cervical incompetence (a condition where the cervix can't remain properly closed during pregnancy) and subsequent miscarriage.

A greater risk of infertility

DES daughters have a slightly increased risk of infertility. However, it's important to remember that women who weren't exposed to DES sometimes have fertility problems too. If you are having trouble conceiving, it might be caused by reasons other than your exposure to DES. Treatment for infertility depends on the cause. In-vitro fertilisation (IVF) and other infertility treatments are available to DES daughters and work as well for them as for others.

Risks in pregnancy

DES daughters are at a slightly higher risk of certain pregnancy complications, including:

- **Ectopic pregnancy** - a serious condition where the fertilised egg lodges in a fallopian tube instead of the uterine wall.
- **Miscarriage** - an incompetent (weak) cervix can cause a miscarriage in both the first and second trimesters.
- **Premature labour** - caused by an incompetent (weak) cervix.

Special pregnancy care

Pregnant DES daughters need special antenatal care, including:

- A doctor who understands DES exposure.
- An early ultrasound scan to check for an ectopic pregnancy and measure cervical length.
- Fortnightly check-ups between weeks 14 and 28 to assess the cervix.
- Avoiding stress and resting whenever possible.
- Telling the doctor immediately about any discharge, feelings of pain or pressure, or any other strange symptom.

The third generation seems to be safe

DES was prescribed to pregnant women between 1946 and 1971. At this stage, it appears that only those mothers and their children are affected by DES exposure. There is no reason to believe that children born from DES daughters and sons will be affected in a similar way. Animal studies don't conclusively show any DES-related problems by the third generation either.

Where to get help

- Your doctor
- The DES Follow-up Clinic, Royal Women's Hospital Tel. (03) 8345 2594

Things to remember

- DES exposure in the womb can cause reproductive changes and fertility problems later in life.
- DES daughters have an increased risk of ectopic pregnancy, miscarriage and premature labour.
- There is no evidence that the third generation is affected by DES exposure.

This page has been produced in consultation with, and approved by:

Royal Women's Hospital

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