use of women who are HPV positive should be monitored.

3 Adams S. Long term use of oral contraceptives and risk of cervical cancer associated with use of oral contraceptives as floating absolute risks,4 Jerrett and colleagues’
5 Brabin L. Interactions of the female environment, susceptibility to viral infections, and disease progression. AIDS Patient Care STDs 2002; 16: 1–11.

Sir—Victor Moreno and colleagues1 report a relative risk of 4·03 (95% CI 1·09–8·02) for cervical cancer in women tested positive for HPV and had used oral contraceptives for 10 or more years compared with women with HPV-negative women who had never used them.

Only one previous group of investigators has reported results on the risk of cervical cancer associated with long-term use of oral contraceptives in HPV-positive women.2 The relative risk was 1·5 (0·8–2·9) associated with 8 or more years’ use compared with never users. We report results in 221 white women aged 20–44 years with biopsy-confirmed invasive cervical cancer diagnosed between 1984 and 1988, and 393 control women without cancer (selected from lists of patients of the same general practitioners as the cases).

Seronegative for HPV

Seroepidemiology of HPV

Risk of cervical cancer according to duration of oral contraceptive use

Cases (n=221) Controls (n=393) Risk ratio (95% CI)

Duration of use

Seroepositive for HPV

0 4 8 1·00 (0·1–7·8)
1–4 16 18 1·74 (0·8–3·8)
5–9 12 15 0·76 (0·3–2·1)
≥10 11 4 3·92 (1·1–14·1)
All women

0 12 49 1·00 (0·5–2·2)
1–4 73 159 1·63 (1·2–2·2)
5–9 76 117 1·86 (1·3–2·6)
≥10 60 68 2·83 (1·9–4·2)
Seronegative for HPV

0 5 8 1·00 (0·4–2·2)
1–4 57 141 1·63 (1·2–2·2)
5–9 64 102 2·13 (1·3–3·1)
≥10 49 64 2·76 (1·8–4·6)

Stratified by age-groups (<30, 30–34, 35–39, 40–44 years), number of sexual partners (0–2, 3–4), smoking (ever/never), and number of previous normal smears (0, >1). *Calculated as floating absolute risk with floating CI.1 Adjusted for HPV seropositivity status.

Community postnatal care and women’s health

Sir—Christine MacArthur and colleagues (Feb 2, p 378)1 report on postpartum mental care up to 3–4 months after delivery. Maternal care is sufficient during pregnancy and after delivery for the first month. However, little medical attention is received more than 3 months post partum.

Psychological and various physical disorders develop in the postpartum period, especially after 3 months. For example, postpartum thyroid dysfunction develops from 3 to 8 months post partum in 5–10% of women in the general population.2 Moreover, other diseases also frequently occur during the postpartum period,1 although most of them are not correctly recognised. Thus community postnatal care up to 3 months post partum is not sufficient to take care of postpartum women.

We propose that a worldwide postnatal health-care system be precisely planned by special medical doctors, with midwives and nurses, who are familiar with postpartum disorders.

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