

USPSTF recommends that clinicians screen all pregnant women for HIV

Rating: A Recommendation

Rationale: The USPSTF found good evidence that both standard and FDA-approved rapid screening tests accurately detect HIV infection in pregnant women and fair evidence that introduction of universal prenatal counseling and voluntary testing increases the proportion of HIV-infected women who are diagnosed and are treated before delivery. There is good evidence that recommended regimens of HAART are acceptable to pregnant women and lead to significantly reduced rates of mother-to-child transmission. Early detection of maternal HIV infection also allows for discussion of elective cesarean section and avoidance of breastfeeding, both of which are associated with lower HIV transmission rates. There is no evidence of an increase in fetal anomalies or other fetal harm associated with currently recommended antiretroviral regimens (with the exception of efavirenz). Serious or fatal maternal events are rare using currently recommended combination therapies. The USPSTF concluded that the benefits of screening all pregnant women substantially outweigh potential harms.

The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection

Rating: A Recommendation.

Rationale: The USPSTF found good evidence that both standard and U.S. Food and Drug Administration (FDA)-approved rapid screening tests accurately detect HIV infection. The USPSTF also found good evidence that appropriately timed interventions, particularly

highly active antiretroviral therapy (HAART), lead to improved health outcomes for many of those screened, including reduced risk for clinical progression and reduced mortality. Since false-positive test results are rare, harms associated with HIV screening are minimal. Potential harms of true-positive test results include increased anxiety, labeling, and effects on close relationships. Most adverse events associated with HAART, including metabolic disturbances associated with an increased risk for cardiovascular events, may be ameliorated by changes in regimen or appropriate treatment. The USPSTF concluded that the benefits of screening individuals at increased risk substantially outweigh potential harms.

The USPSTF makes no recommendation for or against routinely screening for HIV adolescents and adults who are not at increased risk for HIV infection

Rating: C Recommendation.

Rationale: The USPSTF found fair evidence that screening adolescents and adults not known to be at increased risk for HIV can detect additional individuals with HIV, and good evidence that appropriately timed interventions, especially HAART, lead to improved health outcomes for some of these individuals. However, the yield of screening persons without risk factors would be low, and potential harms associated with screening have been noted (above). The USPSTF concluded that the benefit of screening adolescents and adults without risk factors for HIV is too small relative to potential harms to justify a general recommendation.

(continued on page 4)

THIS MONTH

Abstract of the Month	1,4
IHS Child Health Notes	2
From Your Colleagues	3-4
Hot Topics	5-8
Features	9-15

Also on-line...

This publication is a digest of the monthly Obstetrics and Gynecology Chief Clinical Consultant's Newsletter which is available on the Internet at

www.ihs.gov/MedicalPrograms/MCH/M/OBGYN01.cfm

You are welcome to subscribe to the listserv and receive reminders about this service. If you have any questions, please contact me at nmurphy@scf.cc.

I am looking forward to hearing from you.

Dr. Neil Murphy
Ob/Gyn Chief
Clinical Consultant
(OB/GYN C.C.C.)

IHS Child Health Notes

July 2005

Articles of Interest

Clinical practice. Overweight children and adolescents.

N Engl J Med. 2005 May 19;352(20):2100-9.

- The best assessment of overweight is the body mass index (BMI).
- Children 2 to 6 years of age with a BMI 95% should aim for weight maintenance.
- Children > 6 years of age should aim for weight loss
- Data from randomized trials is lacking to support any particular strategy over others for weight loss or control in children or adolescents
- The author recommends behavior modification focusing on reduction of soft drink intake, decrease in television and computer screen time, and increase in active play

Effect of orlistat on weight and body composition in obese adolescents: a randomized controlled trial.

JAMA. 2005 Jun 15;293(23):2873-83.

- Orlistat is an intestinal lipase inhibitor which decreases intestinal fat absorption by up to 30%
- Patients were randomized to receive orlistat 120 mg TID or placebo for one year. All patients received behavioral therapy, exercise counseling and instructions for a hypocaloric diet
- Overall there was a decrease in BMI of 0.55 in the orlistat group compared to an increase of BMI of 0.31 in the placebo group. 13% of the orlistat group lost over 15 pounds compared to 4% of the placebo group.
- Up to 20% of patients taking orlistat had GI side effects such as oily stools and flatulence but there overall safety was good.

Editorial Comment

Overweight and obesity is a significant problem in Native American youth. It is known that overweight adolescents have a 15 fold greater risk of being overweight adults. It is also known that treatment of obesity in all age groups, but especially adolescents, is notoriously difficult. The pediatric problems of today will be the major adult medical problems of diabetes, hypertension and cardiac disease in just a few years.

The first paper by Dietz and Robinson is a good overview of the problem with an extensive list of possible strategies for weight reduction and a complete list of references.

The second paper recounts a successful weight loss intervention in adolescents using the lipase inhibitor orlistat and behavior modification. Overall there was modest weight loss at one year of about 5 pounds in the intervention group while there was weight

"It doesn't matter if the cat is black or white as long as it catches mice."

—Deng Hsaio P'ing 1904-1997

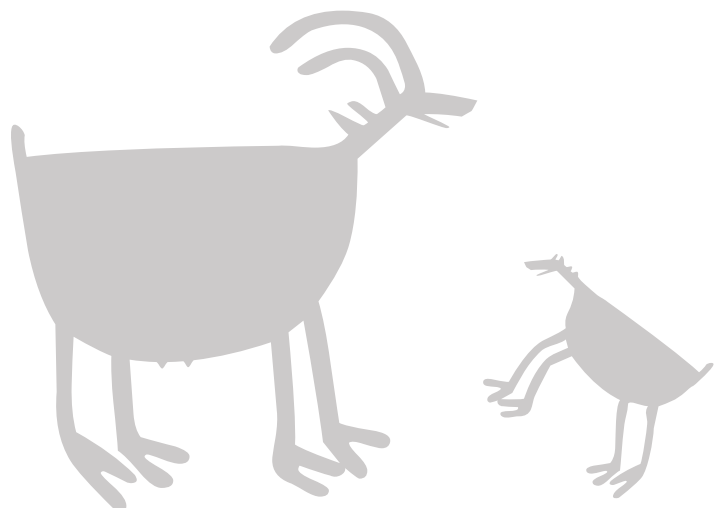
gain in the placebo group of about 3 pounds. However, a subgroup of 13% in the orlistat group did lose and maintain a weight loss of over 15 pounds at one year. There is a significant cost for orlistat of about \$2000 per year. Can we afford it? Can we afford not to pay for it if the long term health cost of diabetes and heart disease may be even higher?

Recent literature on American Indian/Alaskan Native Health

Lower respiratory tract infections among American Indian and Alaska Native children and the general population of U.S. Children.

Pediatr Infect Dis J. 2005 Apr;24(4):342-51.

- Lower respiratory tract infections (LRTI) are a major cause of morbidity and mortality in American Indian/Alaska Native (AI/AN) children
- Rates of hospitalization for AI/AN infants and children are 2 times higher than the US population as a whole. The hospitalization rates for pneumonia are declining while those for pneumonia are increasing
- Rates for outpatient visits for AI/AN infants and children are 3 times higher than the US as a whole
- Disease rates are particularly high for AI/AN children in the Southwest and Alaska



From Your Colleagues

Katherine Palatianos HRSA (former HQE)

Brachial plexus injury: Permanent in 1 of every 10,000 deliveries

CONCLUSION: A case of brachial plexus injury occurs 1 time in every 1000 births, is permanent in 1 of every 10,000 deliveries, and is litigated 1 time for every 45,000 deliveries. The infrequent nature of injury may preclude prevention.

Chauhan SP et al Brachial plexus injury: A 23-year experience from a tertiary center American Journal of Obstetrics and Gynecology, Volume 192, Issue 6, June 2005, Pages 1800-1802

Kat Franklin, Sante Fe

Simple Patient Education Handouts

I have attached the following list I have spent about 12 hours researching so far. It is still not done. The list is for OB/GYN specific issues and not found in many other websites.

Simple Patient Education Handouts online:

www.ihs.gov/MedicalPrograms/MCH/M/documents/PIEDHANDOUTS.doc

Simple patient education handouts from the National Library of Medicine:

www.nlm.nih.gov/medlineplus/easytoread/all_easytoread.html

Sandy Haldane, HQE

Science and Leadership: Women With Heart Disease, October 8–12, 2005

Mayo Clinic, asking for our assistance in identifying several AI/AN women with cardiac disease who might be interested and appropriate to become community leaders in talking to other women about cardiac disease prevention, etc. Last year, with the assistance of Barbara Fine, 3–4 of our women attended. I asked if there were a limit on the number of women from our communities they would accept and there is not. It is based on space available but there is a big focus on diversity.

If you know of anyone who fits this bill, call 202 728 7199 or joann@womenheart.org

Harvey Huddleston, Mayo Clinic

Interested in part-time or locums tenens

Primarily, I would be interested in staying with the surgical side of my training and limiting Obstetrics to that of consulting on Operative Obstetrics with Family Practitioners. At present, I am a Visiting Clinician at Mayo Rochester's Gyn Surgery Section.

My first job with L.S.U. was as a Consultant to the Family Practice Residency Training Program at their East Campus, E.A. Conway Memorial Hospital in Monroe, La. I worked in that ca-

capacity for one year and was advanced to the Director of Ob/Gyn for the following year. The third year I was promoted to the "big house", L.S.U. Health Science Center- Shreveport, the following year.

After serving as Director of Gynecology and Head of Section of Pelvic Reconstructive Surgery/Urogynecology for nearly ten years, I "retired" from L.S.U. in late 2001. After 6 months I accepted a contract job for Community Health Services, at one of their hospitals (Big Bend Regional Medical Center) in Alpine, Texas, as the only Ob/Gyn Surgeon to ever be in the three-county area of the Rio Grande border of Southwest Texas (Brewster, Davis & Presidio).

A second consideration would be the Southwestern Section of the U.S., as I almost became bilingual in Spanish while working the last three and one-half years in S.W. Texas. To live in an area with Spanish language exposure would be a plus.

Harvey T. Huddleston, M.D, FACS, FICS, FRS
harveyhuddleston@mac.com

Phil Smith, HQE

Encouraging Onsite Mammography: New mammography standards for HSP

DRIVER: women > 40 X 70%

VOLUME THRESHOLD: 800 exams per year

What this means is that we are assuming 1 exam per year for 70% of all women age 40 or greater. This is different from the old standard which projected 1 exam every 2 years for all women between 40–50 and years for all > 50 and assumes 100% compliance. The old threshold was 1600 exams per year. The new formula requires a smaller user pop to justify mammography on-site; if one assumes that about 13% of the population are women > 40, then to reach the 800 exams per year threshold, the projected user pop would be 8,800.

Phillip.Smith@ihs.gov

Judy Thierry, HQE

Useful atlas for injury causes of AIAN morbidity and mortality when citing stats

Unintentional injury is the 4th leading cause of death among AI/AN infants, following congenital anomalies, SIDS, and PTD. Suffocation, choking and strangulation are the #1 type of infant injury death. Homicide is #2. (Deaths to infants accounted for 58% of all AI/AN suffocation deaths and for 13% of AI/AN homicides). The Division of Unintentional Injury Prevention just published an AI/AN child injury atlas.

www.cdc.gov/ncipc/pub-res/American_Indian_Injury_Atlas/default.htm

(From Your Colleagues, continued on page 4)

(From Your Colleagues, continued from page 3)

Rural/Frontier Women's Health Coordinating Centers (RFCCs) RFP is Out

This would fit nicely with existing or new DV projects, other existing WH activities—Montazume Creek in Utah is already one site—I have sent a separate email out on their project. Let me know if you will apply and I can write a letter of endorsement.
 Judith.Thierry@ihs.gov

RFP for SIDS Training and Outreach in the AI/AN Communities

The National Institute on Child Health and Human Development (NICHD) under the National Institutes of Health intends to solicit proposals under a 100% small business set-aside (NAICS code 541519 with a size standard of \$21M) to develop materials and outreach strategies for increasing Sudden Infant Death Syndrome awareness and risk reduction in American Indian and Alaska Native communities. Proposals are due by July 27, 2005.

Dan Ricketts at ASIP headquarters (703) 902-1260 or dricketts@sidsprojectimpact.com.

Mean length stay for delivery hospitalization among AI/AN

National Patient Information Reporting System, 2002–2004

Maternal Morbidity	Cesarean Delivery		Non-cesarean Delivery	
	LOS*	95% CI	LOS*	95% CI
None	2.9	2.8, 3.0	1.9	1.9, 2.0
Antenatal hemorrhage	4.1	2.9, 5.3	2.6	2.3, 2.9
Postpartum hemorrhage	3.5	3.3, 3.8	2.3	2.2, 2.4
Preeclampsia	5.4	3.9, 6.8	3.0	2.8, 3.2
Severe preeclampsia/eclampsia	4.8	4.0, 5.6	4.0	3.3, 4.7
Transient hypertension	3.9	3.3, 4.4	2.6	2.5, 2.8
Genitourinary infection	3.6	3.0, 4.1	2.4	2.2, 2.6
Amniotic infection	4.3	3.5, 5.0	2.9	2.4, 3.5
Fever	3.3	3.0, 3.7	2.5	2.3, 2.8
Other infections	5.6	4.7, 6.5	2.5	2.4, 2.7
DVT/Obstetric embolism	**	**	**	**
Gestational diabetes	3.6	3.3, 3.9	2.3	2.1, 2.4

*Length of hospital stay
 **Too small to report

Determined in 5 IHS sites with surgical obstetric delivery capacity: 1.9 for non c-section non complicated births

USPSTF recommends..., continued from page 1)

OB/GYN CCC Editorial

First: This decision by the USPSTF reinforces several recent CCC Corner Indian Health items on this topic.

The U.S. Preventive Services Task Force issued a new recommendation calling for all pregnant women, to be screened for HIV. This recommendation is based on evidence that currently available tests accurately identify pregnant women who are HIV infected and that recommended treatment strategies can dramatically reduce the chances that an infected mother will transmit HIV to her infant.

The Task Force also reaffirmed its 1996 recommendation that all adolescents and adults at increased risk for HIV infection be screened and has broadened its definition of high risk. In addition to patients who report high-risk behaviors, all patients receiving care in high-risk settings such as homeless shelters or clinics dedicated to the treatment of sexually transmitted diseases should be tested.

The Task Force found at least fair evidence that screening adolescents and adults who are not at increased risk can improve health outcomes, but concluded that the balance of benefits and harms is too close to justify a general recommendation.

Other recent Indian Health HIV screening items:

- Use 'Opt out' HIV screening methods during pregnancy in Indian Country. March 2005
- Have you had your 'morning after' antiretroviral cocktail yet? June 2005

Second: In addition, HIV testing and education are Indian Health GPRA Indicators, so there are significant clinical and administrative reasons to improve HIV screening in pregnancy and its documentation. As you see the GPRA system gives you credit for HIV counseling and education as well as testing (as well as refusals).

GPRA # 33

HIV Screening:

- Support screening for HIV infections in appropriate population groups. [outcome]

Prenatal HIV Screening:

- In FY 2005, establish the baseline number of women screened for HIV in pregnancy.

Prenatal HIV Screening:

- In FY 2006, increase the proportion of pregnant female patients screened for HIV.
- In FY 2006, assure that the proportion of pregnant female patients screened for HIV does not decrease more than 1% from the FY 2006 level.

Contact: Jim Cheek, DPHS/Epi, 505-248-4226

Hot Topics

Obstetrics

Treatment of GDM reduces perinatal morbidity, may improve health-related quality of life

CONCLUSIONS: Treatment of gestational diabetes reduces serious perinatal morbidity and may also improve the woman's health-related quality of life.

Crowther CA, et al Effect of treatment of gestational diabetes mellitus on pregnancy outcomes. N Engl J Med. 2005 Jun 16;352(24):2477-86.

OB/GYN CCC Editorial

This RCT confirms the observational studies and blinded controlled studies reported in last month's CCC Corner*. In combination these data should put a final nail in the coffin for the erroneous statement that "Gestational diabetes is a diagnosis still looking for a disease".

The authors randomly assigned women between 24 and 34 weeks' gestation who had gestational diabetes to receive dietary advice, blood glucose monitoring, and insulin therapy as needed (the intervention group) or routine care. Primary outcomes included serious perinatal complications (defined as death, shoulder dystocia, bone fracture, and nerve palsy), admission to the neonatal nursery, jaundice requiring phototherapy, induction of labor, cesarean birth, and maternal anxiety, depression, and health status.

This Level I randomized trial found the rate of serious perinatal complications was significantly lower among the infants of the 490 women in the intervention group than among the infants of the 510 women in the routine-care group (1 percent vs. 4 percent; relative risk adjusted for maternal age, race or ethnic group, and parity, 0.33; 95 percent confidence interval, 0.14 to 0.75; $P=0.01$). However, more infants of women in the intervention group were admitted to the neonatal nursery and other measures of morbidity.

**Langer O, Yogev Y, Most O, Xenakis EM. Gestational diabetes: the consequences of not treating. Am J Obstet Gynecol. 2005 Apr;192(4):989-97.*

Elective Repeat Cesarean Delivery May Negatively Affect Neonatal Outcomes

RESULTS: Neonates born by elective repeat cesarean are more frequently admitted to advanced care nurseries than infants born to mothers intending to deliver vaginally (risk ratio 3.58, 95% confidence interval 3.35-3.58). **CONCLUSION:** The decision to undergo scheduled cesarean delivery appears to negatively impact immediate neonatal outcomes.

Fogelson NS, et al Neonatal impact of elective repeat cesarean delivery at term: a comment on patient choice cesarean delivery. Am J Obstet Gynecol. 2005 May;192(5):1433-6.

Indomethacin tocolysis does not appear to be associated with increased risk of adverse neonatal outcomes

CONCLUSION: Although our pooled results did not identify significantly increased risks of adverse effects, the limited statistical power of published randomized trials does not allow us to exclude the possibility that indomethacin tocolysis increases the risk of adverse neonatal outcomes

Loe SM, et al Assessing the neonatal safety of indomethacin tocolysis: a systematic review with meta-analysis. Obstet Gynecol. 2005 Jul;106(1):173-9.

Diabetic Retinopathy Occurs in Pre-Diabetes: Implications in GDM

Diabetic retinopathy has been found in nearly 8 percent of pre-diabetic participants in the Diabetes Prevention Program (DPP). Diabetic retinopathy, which can lead to vision loss, was also seen in 12 percent of participants with type 2 diabetes who developed diabetes during the DPP. No other long-term study has evaluated retinopathy in a population so carefully examined for the presence or development of type 2 diabetes. These findings reinforce the recommendation that patients with newly diagnosed type 2 diabetes should be screened for retinopathy.

OB/GYN CCC Editorial

These findings have immediate implications in gestational diabetes patients who are newly diagnosed in the first trimester, and hence represent pre-existing glucose intolerance that was not previously diagnosed. These patients should receive appropriate ophthalmologic follow-up which may include a thorough dilated examination.

These findings also have implications in the GDM patients are discovered to have impaired glucose intolerance or impaired fasting glucose (pre-diabetes) on their GDM follow-up visits. Those visits should occur at 6 weeks postpartum and every 3 years thereafter.

Screening for Gestational Diabetes Mellitus: At what cost?

We conducted a cost-effectiveness analysis to compare four screening strategies for universal screening of GDM, including the sequential strategy, the 75- and 100-g GTT, and a no-screening strategy. We assessed the relative cost and effectiveness (quality-adjusted life-years [QALYs]) of each strategy relative to the sequential strategy using a decision model.

CONCLUSION: Conventional use of sequential strategy is the preferred strategy followed by a 100g OGTT. The 75g OGTT and the no screening strategy are not currently viable screening methods.

Nicholson WK et al Screening for Gestational Diabetes Mellitus: A decision and cost-effectiveness analysis of four screening strategies. Diabetes Care. 2005 Jun;28(6):1482-4.

(Hot Topics, continued on page 6)

(Hot Topics, continued from page 5)

No benefit to hospitalization in women with arrested preterm labor and intact membranes

CONCLUSION: Compared with hospitalization, outpatient management of women with arrested preterm labor and intact membranes had no effect on the rate of preterm birth.

Level of Evidence: I. Yost NP, et al Hospitalization for women with arrested preterm labor: a randomized trial. Obstet Gynecol. 2005 Jul;106(1):14-8.

Maternal Postpartum Health Care Utilization: Minnesota Early Discharge Legislation

CONCLUSIONS: Implementation of Minnesota's early discharge legislation corresponded with significantly increased lengths of stay and an increase in the percentage of mothers who received early follow-up visits. However the majority of mothers with short stays continued to lack early follow-up.

Madlon-Kay, Diane J., DeFor, Terese A. Maternal Postpartum Health Care Utilization and the Effect of Minnesota Early Discharge Legislation J Am Board Fam Pract 2005 18: 307-311

Genetic testing and the family: Two family stories

The family experience of genetic testing is explored in this article. Two family stories are presented to illustrate how families define and manage the ethical and social issues that emerge during 2 types of genetic testing: mutation analysis for Huntington's disease and genetic testing for breast and ovarian cancer susceptibility. These 2 families were purposefully selected because their stories exemplify the complexity of the genetic testing experience. In addition, the story of the family living with Huntington's disease shows how negative consequences can occur for the individual tested, other family members, the marital relationship, and the family system, even when the test results indicate that the individual does not carry a deleterious gene mutation. Both of the families presented in this article participated in an ongoing study, Family Experience of Genetic Testing: Ethical Dimensions, in which 118 family members from 67 families have participated. The guiding framework for this research was the family management style framework developed and refined by Knafl and colleagues.

Van Riper M Genetic testing and the family. Midwifery Womens Health. 2005 May-Jun;50(3):227-33.

Meta-analysis reveals that cerclage significantly reduces preterm birth in singleton gestations with short cervical length and a prior preterm birth

CONCLUSION: Cerclage does not prevent preterm birth in all women with short cervical length on transvaginal ultrasonography. In the subgroup analysis of singleton gestations with short cervical length, especially those with a prior preterm birth, cerclage may reduce preterm birth, and a well-powered trial should be carried out in this group of patients. In contrast, in twins,

cerclage was associated with a significantly higher incidence of preterm birth.

Berghella V, et al Cerclage for Short Cervix on Ultrasonography: Meta-Analysis of Trials Using Individual Patient-Level Data. Obstet Gynecol. 2005 Jul;106(1):181-189.

Enhanced OB track for a family practice residency program: results from the first 6 years

CONCLUSIONS: A 4-year enhanced obstetrics track is an effective means of improving the training of family medicine residents in obstetric procedures while maintaining the other fundamental training and residency review committee requirements for family medicine residents.

Eidson-Ton WS, et al An enhanced obstetrics track for a family practice residency program: results from the first 6 years. J Am Board Fam Pract. 2005 May-Jun;18(3):223-8.

Gynecology

High Intake of Calcium, Vitamin D May Reduce the Risk of Premenstrual Syndrome

CONCLUSIONS: A high intake of calcium and vitamin D may reduce the risk of PMS. Large-scale clinical trials addressing this issue are warranted. Given that calcium and vitamin D may also reduce the risk of osteoporosis and some cancers, clinicians may consider recommending these nutrients even for younger women.

Bertone-Johnson ER, et al Calcium and vitamin D intake and risk of incident premenstrual syndrome. Arch Intern Med. 2005 Jun 13;165(11):1246-52.

Pediatric Torsed Ovaries May Be More Salvageable Than Previously Reported

CONCLUSIONS: These data suggest pediatric ovarian torsion is a more salvageable condition than previously reported. Prolonged time of symptoms prior to initial examination does not preclude ovarian salvage. Ovarian tumor accounts for less than half of cases. Urgent imaging and surgical management may lead to improved outcomes.

Anders JF, Powell EC. Urgency of evaluation and outcome of acute ovarian torsion in pediatric patients. Arch Pediatr Adolesc Med. 2005 Jun;159(6):532-5.

Benzocaine spray does not offer effective pain control during per endometrial biopsy

CONCLUSION: Topical benzocaine spray does not appear to offer effective pain control in patients undergoing an endometrial biopsy. Level of Evidence: I.

Einarsson JJ, et al Topical analgesia for endometrial biopsy: a randomized controlled trial. Obstet Gynecol. 2005 Jul;106(1):128-30.

(Hot Topics, continued on page 7)

(Hot Topics, continued from page 6)

US exam of the perineum after childbirth improves diagnosis of anal sphincter tears

CONCLUSION: Ultrasound examination of the perineum after childbirth improves the diagnosis of anal sphincter tears, and their immediate repair decreases the risk of severe fecal incontinence. Level of Evidence: I.

Faltin DL, et al *Diagnosis of anal sphincter tears to prevent fecal incontinence: a randomized controlled trial. Obstet Gynecol. 2005 Jul;106(1):6-13.*

Child Health

Oral contraceptives are more effective than placebo treatment for relieving dysmenorrhea pain in adolescents

CONCLUSIONS: Among adolescents, a low-dose oral contraceptive relieved dysmenorrhea-associated pain more effectively than placebo. Level of Evidence: I.

Davis AR, et al *Oral contraceptives for dysmenorrhea in adolescent girls: a randomized trial. Obstet Gynecol. 2005 Jul;106(1):97-104.*

How to get your child off the couch? Evidence based physical activity for youth

Increasing levels of habitual moderate- to vigorous-intensity physical activity in youth is a health promotion and disease-prevention strategy. Recommendations are as follows:

- * School-age children and adolescents should participate every day in 60 minutes or more of moderate to vigorous physical activity that is enjoyable and developmentally appropriate.
- * As general movement skills become established in the preschool and early school stages, health, fitness, and behavioral components of physical activity increase in importance.
- * Health-related activities include those that emphasize cardiovascular and muscular endurance and muscular strength and those that involve weight bearing.
- * The setting of physical activity is especially important in achieving positive behavioral outcomes.
- * Although there is less emphasis on the development of motor skills during adolescence, refinement of those skills is important, and new movement skills can be learned and can contribute to a physically active lifestyle.

Strong WB, Malina RM, Blimkie CJ, et al. 2005. *Evidence based physical activity for school-age youth. The Journal of Pediatrics* 146(6):732-737.

Children's adaptation to a fat reduced diet

Practical implications for health care providers to predict problems with long-term adherence [to a fat-reduced diet] and to identify foods or food groups that may require special intervention approaches to achieve nutrient adequacy while reducing saturated fat, total fat, and cholesterol.

Future interventions should target greater use of fruits as snacks and as part of the meal. Greater access to lower-fat, whole-grain, and or vegetarian-style pizza in this age group could also improve overall dietary quality and help reduce total dietary fat, saturated fat, and cholesterol intake while increasing dietary fiber as well.

Van Horn L, Obarzanek E, Friedman LA, et al. 2005. *Children's adaptation to a fat-reduced diet: The Dietary Intervention Study in Children (DISC). Pediatrics* 115(6):1723-1733.

Adolescent Pregnancy: Current Trends and Issues: American Academy of Pediatrics

This clinical report is intended to provide pediatricians with recent data on adolescent sexuality, contraceptive use and child bearing, as well as information about preventing adolescent pregnancy in their communities. The report highlights new information on the topic of adolescent pregnancy:

Most successful prevention programs include multiple and varied approaches to the problem, including both abstinence promotion and contraception information and availability, sexuality education, school-completion strategies and job training.

Current research indicates that encouraging abstinence and urging better use of contraception are compatible goals. Evidence shows that sexuality education that discusses contraception does not increase sexual activity, and programs that emphasize abstinence as the safest and best approach, while also teaching about contraceptives for sexually active youth, do not increase sexual activity and improve teens' knowledge about access to reproductive health.

The report urges pediatricians to encourage adolescents to postpone early sexual activity and encourage parents to educate their children and adolescents about sexual development, responsible sexuality, decision-making and values.

Suicide Prevention among AI/AN Adolescents Evaluated: Public Health Approach

The consistency and timing of reduction in suicidal behavior correlated with the development and delivery of prevention program interventions in this small AIAN [American Indian/Alaska Native] community, indicating that prevention efforts were likely successful in reducing suicidal behavior.

...success is owed to the program's public health approach, which included mental health services integrated into a comprehensive continuum of services that target other behavioral health topics at all levels of prevention.

May PA, Serna P, Hurt L, et al. 2005. *Outcome evaluation of a public health approach to suicide prevention in an American Indian Tribal Nation. American Journal of Public Health* 95(7):1238-1244

(Hot Topics, continued on page 8)

(Hot Topics, continued from page 7)

**Native Fish Oils—Developmental Coordination Disorder:
Fatty Acid Supplementation May Be Helpful in
Developmental Coordination Disorder**

CONCLUSIONS: Fatty acid supplementation may offer a safe efficacious treatment option for educational and behavioral problems among children with DCD. Additional work is needed to investigate whether our inability to detect any improvement in motor skills reflects the measures used and to assess the durability of treatment effects on behavior and academic progress.

Richardson AJ, Montgomery P. *The Oxford-Durham study: a randomized, controlled trial of dietary supplementation with fatty acids in children with developmental coordination disorder.* *Pediatrics.* 2005 May;115(5):1360-6.

Safe Sleep Policies: Samples available?

I am interested in finding out what types of hospital policies exist regarding safe sleep policies in NICUs and/or Well Baby Units. If you have any sample hospital policies that you would be willing to share, please mail or email them to me. Or, if you know of a hospital that has such policies, let me know the name and I will contact them. Judith.Thierry@ihs.gov

Chronic Disease and Illness

Death rates for CVD are higher among AI/AN than other U.S. groups (AHRQ)

National vital event data published by the Indian Health Service (IHS) prior to the early 1990s suggest that cardiovascular disease (CVD) mortality rates (for example, for heart attack and stroke) are lower for American Indians and Alaska Natives (AIAN). This finding is somewhat puzzling, given that American Indians have for years had some of the Nation's highest rates of major CVD risk factors, such as smoking, diabetes, and obesity.

AIAN have higher CVD mortality rates than the rest of the U.S. population, and these rates may have been higher for more than a decade. Furthermore, CVD mortality is increasing among AIAN but decreasing in the general population widening a previously unrecognized disparity, notes Dr. Rhoades. She used IHS vital event data to compare trends in CVD mortality from 1989-1991 to 1996-1998 among three U.S. population groups: AIAN, all races, and whites.

Rhoades DA. *Racial misclassification and disparities in cardiovascular disease among American Indians and Alaska Natives.* *Circulation.* 2005 Mar 15;111(10):1250-6.

Each Pound of Weight Lost May Reduce Knee Load per Step Fourfold

CONCLUSION: Our results indicate that each pound of weight lost will result in a 4-fold reduction in the load exerted on the knee per step during daily activities. Accumulated over thousands of steps per day, a reduction of this magnitude would appear to be clinically meaningful.

Messier SP et al *Weight loss reduces knee-joint loads in overweight and obese older adults with knee osteoarthritis.* *Arthritis Rheum.* 2005 Jul;52(7):2026-32.

Most patients want to quit smoking but they need assistance. Learn how to help

It is estimated that 20%-50% of adult smokers reside with children, and the majority of these smokers (70%) continue to smoke inside their homes despite the adverse health effects of second hand smoke (SHS) for their children. Smoking is more prevalent among parents with lower incomes and less education. Young persons, ages 20-40 in the family child-rearing stage, are more likely to be smokers. However, they usually have less time and financial resources for quitting smoking. To prevent the adverse health effects of SHS for children, pediatric nurses must provide parents with accurate information on affordable smoking cessation education resources. Evidenced-based smoking cessation guidelines, the cost and efficacy of prescription and over-the-counter (OTC) pharmacological aids, and essential counseling tips for parents are reviewed.

Sheahan SL, Free TA. *Counseling parents to quit smoking.* *Pediatr Nurs.* 2005 Mar-Apr;31(2):98-102, 105-9.

Self-Monitoring of Glucose in Patients With Type 2 Diabetes Who Are Not Using Insulin

Welschen LM et al *Self-Monitoring of Blood Glucose in Patients With Type 2 Diabetes Who Are Not Using Insulin: A systematic review.* *Diabetes Care.* 2005 Jun;28(6):1510-7.

vs.

A waste of money?

Davidson MB *Counterpoint: Self-monitoring of blood glucose in type 2 diabetic patients not receiving insulin: a waste of money.* *Diabetes Care.* 2005 Jun;28(6):1531-3.

Features

American Family Physician

Patient-Oriented Evidence that Matters (POEMS)*

Three Days of Ciprofloxacin Better for Uncomplicated UTI

CLINICAL QUESTION: Are amoxicillin-clavulanate and ciprofloxacin equivalent as a three-day treatment for uncomplicated cystitis in women?

Bottom Line: Three days of ciprofloxacin is superior to three days of amoxicillin-clavulanate in the treatment of uncomplicated cystitis in women. In areas where resistance is not yet a significant problem, physicians should use less expensive trimethoprim-sulfamethoxazole as a first-line agent. (Level of Evidence: 1b-)

Gonorrhea Clinical Evidence Concise, A Publication of BMJ

What are the effects of treatments for uncomplicated infections in men and nonpregnant women?

BENEFICIAL

Single-dose Antibiotic Regimens (Based on Comparisons of Results Across Arms of Different Trials). One systematic review found limited evidence that single-dose regimens (e.g., ceftriaxone, ciprofloxacin, gatifloxacin, spectinomycin, azithromycin, ofloxacin, and cefixime) achieve cure rates of 95 percent or higher in urogenital or rectal infection. Cure rates were lower (about 80 percent) for pharyngeal infection. Resistance to penicillins, tetracyclines, and sulfonamides is now widespread, and resistance to fluoroquinolones has become common in some geographic areas.

What are the effects of treatments for uncomplicated infections in pregnant women?

BENEFICIAL

Single-dose Antibiotic Regimens. One systematic review found that antibiotic treatment (e.g., amoxicillin plus probenecid, spectinomycin, ceftriaxone, and cefixime) was effective for curing gonorrhea in pregnant women. We found no reports of serious adverse effects.

What are the effects of treatments for disseminated gonococcal infection?

LIKELY TO BE BENEFICIAL

Multidose Antibiotic Regimens (Based on Nonrandomized Controlled Trials Evidence and Consensus). We found no randomized controlled trials (RCTs) assessing treatments for disseminated gonococcal infection, but there is consensus that multidose regimens using injectable cephalosporins or quinolones (except where quinolone-resistant *Neisseria gonorrhoeae* have been reported) are the most effective treatments. We found no reports of treatment failures with these regimens.

What are the effects of dual treatment for gonorrhea and chlamydia infection?

UNKNOWN EFFECTIVENESS

Dual Antibiotic Treatment. Dual treatment with an antimicrobial effective against gonorrhea and chlamydia infections is based on theory and expert opinion rather than on evidence from RCTs. The balance between benefits and harms will vary with the prevalence of coinfection in each population.

www.aafp.org/afp/20050701/bmj.html

Low-Molecular-Weight Heparin for Initial Treatment of Venous Thromboembolism

Clinical Scenario

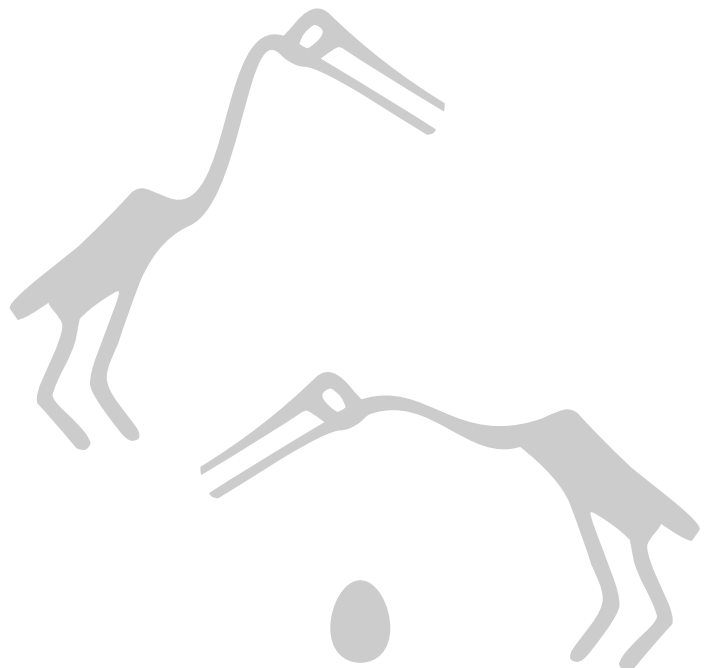
Cochrane for Clinicians

A 72-year-old woman presents with swelling and pain in her calf that has lasted two days. Evaluation reveals that she has an acute thromboembolism of the deep femoral vein.

CLINICAL QUESTION: Should venous thromboembolism initially be treated with unfractionated heparin or a low-molecular-weight heparin (LMWH)?

REVIEWERS' CONCLUSIONS: LMWH is more effective than unfractionated heparin for the initial treatment of venous thromboembolism. LMWH significantly reduces the occurrence of major hemorrhage during initial treatment and overall mortality at follow-up.

EVIDENCE-BASED ANSWER: LMWH is safer and more effective than unfractionated heparin for initial treatment of venous thromboembolism.



Case Managers Corner

Donna Brown, Anchorage

What is an RN Case Manager?

I was asked by my newest provider when we were introduced almost a year ago....

“What do you do? Are you a Social Worker?”

At Southcentral Foundation Women’s Health Services (WHS), Case Managers are first and foremost, Registered Nurses. There are currently nine full-time positions. The turnover rate in WHS is the lowest I have ever experienced in 25 years of nursing. The background of education and experience of the case managers is very diverse. Some of the case managers were just emerging from the security of nursing school, while others are counting down the years until retirement.

Each case manager has physician and mid-level providers with whom we work very closely as a team for a positive patient outcome. We work with our providers within the clinic to provide pre-op teaching and post-op care. The case managers each have a region within the state of Alaska to coordinate continuity of patient care. We schedule patients for surgical procedures and transfer high risk prenatal patients for antenatal care and delivery in Anchorage.

We also have a telephone triage nurse available from 8 a.m. to 4 p.m. Monday through Friday.

We utilize the ACOG recommendation, Telephone Triage book for Obstetrics and Gynecology, Vickie E. Long, MSN, CNM and Patricia C McMullen, JD, MS, CNS, CRNP, Lippincott, 2003. The CCC Corner has no economic interests in this publication.

We are interested in hearing how other case managers are utilized in providing services for American Indians and Alaska Natives. Please feel free to contact me dnbrown@anmc.org

OB/GYN CCC Editorial

The inclusion of RN Case Managers to the ANMC Women’s Health Service has revolutionized clinical care and remarkably increased patient satisfaction. Many kudos to all the Indian Health Case Managers !

The CCCC welcomes this new posting from Donna Brown and we look forward to future entries for a RN Case Managers Corner. If other RN Case Managers have ideas they would like to share, please feel free to contact Donna Brown.

ACOG

Hemoglobinopathies in Pregnancy

Summary of Recommendations and Conclusions

The following recommendations are based on good and consistent scientific evidence

(Level A):

- Individuals of African, Southeast Asian, and Mediterranean descent are at increased risk for being carriers of hemoglobinopathies and should be offered carrier screening and, if both parents are determined to be carriers, genetic counseling.
- A complete blood count and hemoglobin electrophoresis are the appropriate laboratory tests for screening for hemoglobinopathies. Solubility tests alone are inadequate for screening because they fail to identify important transmissible hemoglobin gene abnormalities affecting fetal outcome.
- Couples at risk for having a child with sickle cell disease or thalassemia should be offered genetic counseling to review prenatal testing and reproduction options. Prenatal diagnosis of hemoglobinopathies is best accomplished by DNA analysis of cultured amniocytes or chorionic villi.

Hemoglobinopathies in pregnancy. ACOG Practice Bulletin No. 64. American College of Obstetricians and Gynecologists. Obstet Gynecol 2005;106:203-11.

Pregnancy and Depression: What Women Need to Know

In response to recent celebrity statements about postpartum depression, The American College of Obstetricians and Gynecologists (ACOG), the nation’s leading organization of physicians specializing in women’s health care, provides the following excerpt, “Riding the Emotional Roller Coaster,” from ACOG’s Plum™ magazine, as a resource for women and their families. Plum™ is the first-ever pregnancy magazine to target American women age 35 and older and is distributed free of charge by obstetrician-gynecologists to their patients.

This article addresses the many physiological issues related to pregnancy and the postpartum period. It also explores the role of hormones, the safety of antidepressants during pregnancy, and symptoms of depression. It is written to dispel myths and misunderstandings about perinatal and postpartum depression—both are real and can be treated. ACOG advises women to talk with their ob-gyns about their own feelings and concerns and about available treatments and resources.

Medical Mystery Tour

Two positive blood cultures found in a postpartum patient with a fever

– This 22 year old G1 P0 presented in active labor at 40 weeks gestation after a benign prenatal course that was significant only for a positive perineum and rectal culture for beta streptococcus group B screen at 36 weeks and a weight gain of over 50 pounds with a normal glucose challenge test.

– The patient had a Stage I of 17:40 and a Stage II of 00:23 with delivery of a viable male infant weighing 4407 g with Apgars of 8/9 over a large 4th degree laceration. There was also an extensive left perineal laceration with avulsion. Stage III lasted 00:05 with delivery of an intact placenta. The patient had a standard repair of the 4th degree laceration and a right vulvar skin flap closure of the left perineal laceration in the delivery room. What followed was an unremarkable post partum course. The patient was discharged locally on the 3rd post partum day. The patient remained afebrile throughout with an intact perineal repair and had a normal bowel movement prior to discharge.

– The patient returned on postpartum day #5 with a temperature of 101.9 degrees F, a tender uterus with an intact perineum, and a WBC of 13.3K. The patient was re-hospitalized for endometritis and treated with metronidazole and ampicillin/sulbactam. The patient de-ferresced and was discharged home again on post partum day #8. The patient was called back into the hospital within hours of leaving when it was noted that 2 of her blood cultures had become positive.

The blood cultures are positive with what organism?

What was the source?

Send your answers, and/or other questions to nmurphy@scf.cc. We will discuss the 'rest of the story' in the August Medical Mystery Tour.

Information Technology

Computer-assisted cognitive therapy effectively treats depression: RCT

CONCLUSIONS: A multimedia, computer-assisted form of cognitive therapy with reduced therapist contact was as efficacious as standard cognitive therapy. Computer-assisted therapy could decrease costs and improve access to cognitive therapy for depression.

Wright JH, et al Computer-assisted cognitive therapy for depression: maintaining efficacy while reducing therapist time.

Am J Psychiatry. 2005 Jun;162(6):1158-64.

Domestic Violence

Juvenile Justice Issues—Coordinating Council—Key Programs Advancing Youth

The Coordinating Council on Juvenile Justice and Delinquency Prevention is an independent advisory committee within the executive branch. One of its main functions is to assist in implementing the recommendations of the White House Task Force for Disadvantaged Youth.

The Council meeting highlighted the many opportunities for collaboration among federal and non-profit organizations. The presenters discussed the ability of youth serving organizations to offer excellent youth development programs to young people in low resource environments across the U.S.

Primary Care Discussion Forum August 1, 2005

Appropriate use of narcotics for chronic non-malignant (non-cancer) pain

Moderator: Chuck North

- Are you comfortable using narcotics to treat chronic pain?
- Is there abuse of prescription controlled medications in your community?
- What controls should health professionals have in place to regulate the use of controlled substances?
- Do you use pain contracts? Are they useful?
- What services are available to serve your chronic pain patients in addition to primary care?
- Are you successful in obtaining mental health services for your patients?

If you have questions on how to subscribe, contact nmurphy@scf.cc directly

Office of Women's Health, CDC

Racial/Ethnic Disparities in Infant Mortality: No significant improvement in AI/AN

On the basis of data for 1995-2002 combined, the target of 4.5 infant deaths per 1,000 live births had been achieved by few racial/ethnic populations. During 1995-2002, IMRs declined for all racial/ethnic populations; however, the decrease for infants of American Indian/Alaska Native mothers was not statistically significant.

Mathews TJ, Keppel KG. 2005. Racial/ethnic disparities in infant mortality United States, 1995-2002. *Morbidity and Mortality Weekly Report* 54(22):553-556.

Menopause Management

Benefits of low-fat dairy products on weight loss

Obesity is increasing in the United States in epidemic proportions. Epidemiologic data suggest that people with high calcium intake have a lower prevalence of overweight, obesity, and insulin resistance syndrome. Studies in transgenic mice have demonstrated that calcium influences adipocyte metabolism. High calcium intake depresses levels of parathyroid hormone and 1,25-hydroxy vitamin D. These decreased hormone levels cause decreases in intracellular calcium, thereby inhibiting lipogenesis and stimulating lipolysis. High dietary calcium intakes also increases excretion of fecal fat and may increase core body temperature. Calcium from dairy products seems to have more of an impact than calcium from dietary supplements. Primary care providers should include recommendations about adequate calcium intake in standard dietary counseling about weight management. *Schrager S. Dietary calcium intake and obesity. J Am Board Fam Pract. 2005 May-Jun;18(3):205-10.*

OB/GYN CCC Editorial

If the above recommendation work well for your patient's individually, that is great, otherwise please note that on the order 50 million people in the US are lactose intolerant as is the majority of our patients and those worldwide. Beware the recommendation made by the authors "All patients should be encouraged to consume 3 to 4 servings of low-fat dairy".

Osteoporosis

Benefits and limitations of quantitative heel ultrasound in screening for osteoporosis

The National Osteoporosis Foundation has an excellent, brief review of the benefits and limitations of quantitative heel ultrasound in screening for osteoporosis at

The review complements and supports the approach suggested by Brown and Finke in the October 2004 issue of the IHS Primary Care Provider that heel ultrasound can be used to increase access to osteoporosis screening and treatment where central DEXA is not available. However the NOF article suggests a lower

Testosterone Patch Helps Surgically Menopausal With Hypoactive Sexual Desire: RCT

CONCLUSION: In surgically menopausal women with hypoactive sexual desire disorder, a 300 mug/d testosterone patch significantly increased satisfying sexual activity and sexual desire, while decreasing personal distress, and was well tolerated through up to 24 weeks of use. *Buster JE Testosterone patch for low sexual desire in surgically menopausal women: a randomized trial. Obstet Gynecol. 2005 May;105(5 Pt 1):944-52.*

SSRIs Ineffective for the Management of Hot Flashes

CLINICAL QUESTION: Are citalopram and fluoxetine effective therapies for vasomotor symptoms in menopausal women?

BOTTOM LINE: Neither citalopram nor fluoxetine improved the vasomotor symptoms (i.e., hot flashes) of menopausal women more than placebo. As in other well-designed clinical trials of treatments for hot flashes, there was a marked placebo effect and improvement in all groups over time. (Level of Evidence: 1b) *States. Obstet Gynecol. 2004 Nov;104(5 Pt 1):1042-50.*

threshold for DEXA following heel ultrasound (DEXA if less than -1 or between 1 and -1 if there are risk factors) than is suggested in the algorithm accompanying the article by Brown and Finke.

Osteoporosis screening and management is a rapidly evolving area and one in which evidence-based strategies must be reviewed frequently and adjusted to reflect new information. *Brown SR and Finke B. Osteoporosis and Fracture Prevention in the Indian Health System: Toward a Public Health Approach. The IHS Primary Care Provider, October 2004;29(10):229-234.*

Navajo News

Jean Howe, Chinle

Active management of the third stage of labor among American Indian women

OBJECTIVE: This study's objective was to judge whether active management of the third stage of labor is as effective in reducing maternal blood loss among rural American Indian women as in randomized trials.

METHODS: We collected retrospective data on a cohort of largely multiparous American Indian women having singleton vaginal births at a rural hospital in 2000-2001, comparing measures of blood loss among women receiving active (n=62) versus routine (n=113) management of the third stage of labor. Outcomes included both objective (postpartum hemoglobin decline) and subjective (estimated blood loss) measures of maternal blood loss.

RESULTS: Active management was associated with reduced maternal blood loss on several measures when compared to routine management, including incidence of a 3 g/dl or greater postpartum hemoglobin decline (5% versus 27%), mean postpartum hemoglobin decline (1.7 versus 2.2 g/dl), and mean estimated blood loss (355 versus 430 ml). Compared to women who received routine management, women who received active management had 87% reduced odds of a 3 g/dl or greater postpartum hemoglobin decline after adjusting for preeclampsia, manual placental extraction, laceration repair, and maternal age.

CONCLUSIONS: Our findings suggest that active management of the third stage is as effective in reducing maternal blood loss among rural American Indian women as in randomized trials in maternity hospitals.

Fenton JJ, Baumeister LM, Fogarty J Active management of the third stage of labor among american Indian women. Fam Med. 2005 Jun;37(6):410-4.

Comment from George Gilson, MFM, Anchorage

"Get Active"

World-wide, postpartum hemorrhage, a readily preventable event, is the leading cause of maternal death. In the U.S., PPH is likewise an important cause of maternal morbidity and mortality. There is a significant body of evidence, now added to by an investigation in an Indian Health setting, which should urge all of us to implement some form of "active management of the third stage of labor" into our own practices. It is simple, cost-effective, and can be life-saving.

Active management of the 3rd stage of labor consists of:

- administration of a uterotonic medication after delivery of the infant's shoulders
- early clamping and cutting of the umbilical cord
- application of controlled traction to the cord (Brandt-Anders maneuver)

Active management of the 3rd stage of labor is used to hasten placental expulsion. It's simple, evidence-based, and non-intrusive. It's particularly appropriate in all Indian Health practice settings

that attend births, but do not have access to a large blood bank or readily available surgical facilities. Hope you will follow the links above to review the evidence and then "get active"!

OB/GYN CCC Editorial

All Indian Health facilities which provide maternity care/labor and delivery should incorporate the active management of the 3rd stage of labor into their routine practice guidelines.

The studies reviewed used oxytocin, ergometrine, or a mixture of those drugs administered intravenously or intramuscularly immediately after delivery of the infant. A subsequent review found that the combination of oxytocin and ergometrine resulted in greater reductions in postpartum blood loss (but not in need for transfusion) compared with oxytocin alone. However, more adverse effects (e.g., nausea, vomiting, hypertension) were observed with use of the combined medications. Based on these reviews, oxytocin appears to be the agent of choice for third-stage management in low-risk women, because of the incidence of side effects associated with ergometrine. Hence, one common method is to administer Oxytocin 10 units intramuscularly.

Trial findings did not substantiate the concerns regarding retained placenta. Trials using oxytocin alone showed reduced rates of manual removal of the placenta, whereas those using ergot preparations demonstrated increased rates. The slight trend of increased manual removal mentioned in the Cochrane meta-analysis above was entirely due to the results of the single trial that used intravenous ergot.

Educating obstetric providers about early cord clamping and controlled cord traction will be necessary in maternity units where active management is not standard. Other agents, including prostaglandins such as misoprostol, are currently under investigation for use in the management of the third stage of labor.

This abstract was forwarded to the CCCC by Larry Leeman, formerly at Zuni, now at the University of New Mexico. This article was coauthored by John Fogarty, one of the affiliated FP faculty at Crownpoint IHS.

Annual Navajo Area Women's Health Provider Meeting and Upcoming ALSO Course in Shiprock

The Navajo Area Annual Meeting will be held Friday, September 23rd, from 11 a.m. to 3 p.m. in Chinle. It will be preceded by a 9 a.m. meeting of the Four Corners Midwifery Chapter.

Please let me know of any topics that you would like to discuss.

The ALSO course will be held September 24th and 25th in Shiprock. Registration forms will be available soon from Mary Porvaznik at Shiprock. mary.porvaznik@ihs.gov

For those of you working at federal facilities, please don't forget to file those travel orders soon, before the fiscal year close out... Please share this information with any new Women's Health providers that have joined your teams. Hope to see you there!!

Breastfeeding

1st week of life critical window for ingestion of maternal "diabetic" breast milk

CONCLUSIONS: Neither late neonatal DBM intake nor the duration of breastfeeding has an independent influence on childhood risk of overweight or IGT in ODM. Therefore, the 1st week of life appears to be the critical window for nutritional programming in ODM by ingestion of maternal "diabetic" breast milk. Rodekamp E, et al Long-Term Impact of Breast-Feeding on Body Weight and Glucose Tolerance in Children of Diabetic Mothers: Role of the late neonatal period and early infancy. *Diabetes Care*. 2005 Jun;28(6):1457-62.

Medication Use During Pregnancy and Breastfeeding

Many pregnant women or mothers who are breastfeeding worry about whether to take medications - including prescription and over-the-counter drugs, vitamins, and dietary or herbal supplements. This page includes sections on frequently asked questions, fast facts about medication use during pregnancy and while breastfeeding, CDC activities, and more.

Midwives Corner: Marsha Tahquechi, CNM, GMC

USPSTF Issues Revised Guidelines for Routing Gonorrhea Screening

The U.S. Preventative Services Task Force (USPSTF) has issued revised guidelines for routine gonorrhea screening. The new recommendation is in favor of screening high risk women and against the screening of low risk women and men. Risk/benefit analysis supports the use of risk assessment screening rather than routine screening as a cost effective method for targeting those most likely to have disease.

What Makes a Drug Over the Counter (OTC)? The case of Plan B

This is an interesting review article on the criteria utilized in determining a medication's eligibility for over the counter status. It also provides an historical account of the emergency contraceptive Plan B.

www.medscape.com/viewarticle/505440?src=hp16.lead

From Jenny Glifort, CNM, ANMC - More CNM News National Indian Health Board Conference, Oct. 16-19, 2005 in Phoenix

The NIHB Conference info is up on their web site: it's Oct. 16-19, 2005 in Phoenix you plan to attend. It's not too late to submit an application to present a workshop. The topic is "Youth and Tradition - Our Greatest Resources," ...so presentations about birth and breastfeeding seem particularly appropriate.

www.nihb.org/staticpages/index.php?page=200403301344379533

STD Corner Laura Shelby, STD Director, IHS

Can chlamydia be stopped?

Chlamydia is a rampant sexually transmitted disease, the world's leading cause of preventable blindness and a possible contributor to heart disease. Recent discoveries are suggesting new ways to curtail its spread.

David M. Ojcius, Toni Darville and Patrik M. Bavoil
Can chlamydia be stopped? Sci Am. 2005 May;292(5):72-9.

Chlamydia trachomatis infection in a colposcopy unit

An audit of a fast track referral system for infected patients to a genitourinary medicine department and a survey of patients' demography, clinical findings and partner details.

We had previously shown that screening and treating patients for Chlamydia trachomatis prior to termination of pregnancy significantly reduces postoperative morbidity. Our success led us to consider screening women attending our colposcopy unit and this was introduced in 1998. However, it became apparent that a formal protocol was needed for managing women who had positive results to ensure that all patients and their partners were adequately treated. An interdepartmental protocol was devised for fast track referral of infected patients to the Genitourinary Medicine (GUM) clinic Health Advisor who arranged immediate treatment and partner notification. A re-audit, presented here, has shown that the introduction of the protocol has resulted in all infected patients receiving adequate treatment and partner notification with minimal use of doctor time or disruption of routine GUM services. We suggest that our system is effective and could be extended to other clinics where chlamydia screening is carried out. Blackwell A.1; Linton D.2; Emery S.3; Calvert J.3
International Journal of STD & AIDS, 1 October 2003, vol. 14, no. 10, pp. 661-664(4)

Oklahoma Perspective

Greggory Woitte, Hastings Indian Medical Center

The "talk-sing test"—able to talk while exercising; if can sing, the pace can be increased

Exercise has been recommended as adjunct for diabetic management as well as weight loss. The current guidelines for exercise, according to the American College of Sports Medicine, is at least 30 minutes of physical exertion over the course of a day on most days of the week. As we are a country that is growing larger and larger (around the waistline), we as providers are seeing the need for exercise in our patients. If your patient population is similar to mine, there is a large number of patients with diabetes and are obese.

But what about our pregnant patients?

It is widely accepted that exercise during pregnancy is safe, however; there are a few guidelines that should be observed. Activities that increase the risk of falling should prompt counseling the patient about the risk of abdominal trauma with a fall. Scuba diving is an absolute contraindication due to the possibility of decompression sickness in the fetus.

Patients should be evaluated prior to starting an exercise program to ensure that no preexisting condition exists. ACOG has put out a Committee opinion that lists absolute and relative contraindications to aerobic exercise during pregnancy as well as warning signs to terminate exercising. Patients who are healthy and pregnant should be encouraged to engage in regular exercise before, during and after a pregnancy. *Exercise during pregnancy and the postpartum period. ACOG Committee Opinion No. 267.*

American College of Obstetricians and Gynecologists. Obstet Gynecol 2002;99:171-173

OB/GYN CCC Editorial

I welcome Dr. Woitte's comments as they echo those of ACOG and emphasize those of the Indian Health system. Moderate exercise in pregnancy is recommended in general, and highly recommended in diabetes in pregnancy. The latter recommendation includes both new onset gestational diabetes and pre-existing diabetes.

Here is Appendix F from the Diabetes in Pregnancy Guidelines posted on the Indian Health Clinical Guidelines web site, page 18, for more details.

Exercise guidelines to improve glucose control

Type of activities:

- Aerobic activities such as walking, stationary cycling, or swimming

Frequency:

- At least 3 days per week

Duration:

- 20-45 minutes per session

Intensity:

- Moderate. The "talk-sing test" may be used – the patient should be able to talk while exercising; if she can sing, the pace can be increased. If using rating of perceived exertion (RPE) exertion level should feel "fairly light" to "somewhat hard".
- Patient should warm-up before and cool down after exercise, drink plenty of water, and have snacks nearby if needed.

Initial exercise consult:

- Assessment of current physical activities and level of readiness for exercise
- Education/Information on exercise and GDM
- Individualized exercise plan

Supervised exercise:

- Measure blood glucose pre and post exercise
- Exercise on treadmill and/or recumbent cycle
- Monitor perceived exertion
- Monitor blood pressure and/or heart rate as needed

Ask a Librarian

Diane Cooper,
M.S.L.S./NIH

A new quick and easy way to find best clinical articles: PubMed Clinical Queries

- What is 'Search by Clinical Study Category'?
- What is 'Find Systematic Reviews'?
- How to find and use PubMed Clinical Queries?

If you want to know the answers to these questions or if you just want to spend less time looking for just the right article...

...then go to:

**IHS Primary Care Provider,
March 2005 Volume 30,
No. 3, page 73**

Start Planning Now

Primary Care Provider Training in Addictions

- August 8–12, 2005
- Tacoma, WA
- Alcoholism and Substance Abuse Program Branch (ASAPB), IHS

Clinical Training in American Indian/Alaska Native Alcohol and Other Drug Abuse

Contact **Teresa Sappier, Behavioral Health HQE**

Teresa.Sappier@ihs.gov

Treatment and Management of HIV Infection in the United States

- September 15-18, 2005
- Atlanta, Georgia
- 16.5 Credits, Univ. of California @ San Francisco/VA Administration
- First domestic conference of its kind
- info at www.USHIVconference.org

Native Peoples of North America HIV/AIDS Conference

- May 3–6, 2006
 - Anchorage, Alaska
 - Embracing Our Traditions, Values, and Teachings
 - National Institutes of Health (NIH), DHHS
- www.embracingourtraditions.org

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Some of the Articles Inside

Ob/Gyn & Pediatrics CCC Corner

July 2005

Abstracts of the Month

- USPSTF recommends that clinicians screen all pregnant women for HIV

IHS Child Health Notes

- Clinical practice—Overweight children and adolescents.
- Effect of orlistat on weight and body composition in obese adolescents: a randomized controlled trial.

From Your Colleagues

- Katherine Palatianos HRSA, former HQE—Brachial plexus injury: Permanent in 1 of every 10,000 deliveries
- Sandy Haldane, HQE—Science and Leadership: Women With Heart Disease, October 8–12, 2005
- Phil Smith, HQE—Encouraging Onsite Mammography: New mammography standards for HSP

Hot topics

- Obstetrics—Treatment of GDM reduces perinatal morbidity, may improve health-related quality of life
- Gynecology—High Intake of Calcium, Vitamin D May Reduce the Risk of Premenstrual Syndrome
- Child Health—Oral contraceptives are more effective than placebo treatment for relieving dysmenorrhea pain in adolescents
- Chronic disease and Illness—Death rates for CVD are higher among AI/AN than other U.S. groups (AHRQ)

Features

- American Family Physician—Three Days of Ciprofloxacin Better for Uncomplicated UTI
- ACOG—Hemoglobinopathies in Pregnancy, Summary of Recommendations and Conclusions
- Navajo News—Active management of the third stage of labor among American Indian women
- Oklahoma Perspective—Patient should be capable of talking or singing during exercise during pregnancy

These articles and many more, inside this **Ob/Gyn & Pediatrics CCC Corner**

