



## Human Papillomavirus (HPV)

ACOG Practice Bulletin Number 61, April 2005

### Summary of Recommendations and Conclusions

The following recommendations are based on good and consistent scientific evidence (Level A):

- Because HPV DNA testing is more sensitive than cervical cytology in detecting CIN 2 and CIN 3, women with negative concurrent test results can be reassured that their risk of unidentified CIN 2 and CIN 3 or cervical cancer is approximately 1 in 1,000.
- Studies using combined HPV testing with cervical cytology have reported a negative predictive value for CIN 2 and CIN 3 of 99–100%.
- Human papillomavirus DNA testing is not recommended in women with LSIL, atypical squamous cells that cannot exclude high-grade squamous intraepithelial lesions, or atypical glandular cell cytology.
- The triage of women with ASC-US cytology using reflex HPV DNA testing for high-risk types when liquid-based cytology was used at the time of the initial visit eliminates the need for a repeat office visit and is a more sensitive triage tool than repeat cytology while referring fewer women to colposcopy.
- Women with high-risk HPV who have ASC-US or LSIL cytology but are not found to have CIN 2 or CIN 3 at their initial colposcopy have approximately a 10% risk of having CIN 2 or CIN 3 within 2 years.

The following recommendations are based on limited or inconsistent scientific evidence (Level B):

- Although evidence is lacking that condoms offer complete protection from HPV infection, condom use may reduce the risk of HPV-related disease, such as genital warts and cervical neoplasia.
- Studies show that condoms may be effective in the clearance of HPV or HPV-associated lesions.
- Use of a combination of cervical cytology and HPV DNA screening is appropriate for women aged 30 years and older. If this combination is used, women who receive negative results on both tests should be rescreened no more frequently than every 3 years.
- Because of a similar risk of recurrence, no single treatment for external genital warts can be recommended over another.

The following recommendations are based primarily on consensus and expert opinion (Level C):

- Women older than 30 years with a negative cytology result who have high-risk HPV DNA positive test results should have both tests repeated in 6–12 months. Those with persistent high-risk HPV (on repeat testing) should undergo colposcopy regardless of the cytology result.
- Human papillomavirus DNA testing could be used as a test of cure for women with CIN 2 or CIN 3 at 6–12 months following

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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](http://www.ihs.gov/MedicalPrograms/MCH/M/OBGYN01.cfm)

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

Mar 2005

## Articles of Interest

### Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation Subcommittee on Hyperbilirubinemia

*PEDIATRICS* Vol. 114 No. 1 July 2004, pp. 297-316

### Exaggerated jaundice in Navajo neonates. The role of bilirubin production.

*Am J Dis Child.* 1986 Sep;140(9):889-90.

### Bilirubin 20 mg/dL = vigintiphobia.

*Pediatrics.* 1983 Apr;71(4):660-3. No abstract available

Frank paper on vigintiphobia

## Editorial Comment

"Few issues in neonatal medicine have generated such longstanding controversy as the possible adverse consequences of neonatal jaundice and when to begin treatment." That was from the AAP report 10 years ago on treatment guidelines for jaundice. The same issues are still with us 10 years later. Kernicterus is a devastating and irreversible neurological disease that may follow exposure to high bilirubin levels. It is fortunately rare and should be preventable by early intervention. The guidelines also acknowledge that over-treatment of physiologic jaundice in well infants has medical, psychological and financial downsides.

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

—Deng Hsaio P'ing 1904-1997

Infants jaundiced within the first 24 hours of life, near term infants (35-37 weeks gestation) and infants in whom a previous sibling required phototherapy were at particularly high risk. Checking bilirubin levels at discharge and plotted on a by hour nomogram can reliably identify who is low risk and does not require close follow-up. Unfortunately, discharge bilirubin testing will label as "moderate to high risk" a large number of well infants with physiologic jaundice. The key is follow-up for all infants with possible risk in 3- 4 days after birth. The most common cause of for significant jaundice is a failure to establish successful breastfeeding so close attention to follow-up weight and hydration is critical. It was of interest that no cases of kernicterus were found in formula fed infants in the past decade.

For those serving American Indian and Alaskan Native infants these guidelines present particular challenges. Many of our patients live a great distance from health facilities such that returning to clinic at 3-4 days after birth will be a significant hardship. There is also some evidence that Native Americans, like Asians, may have higher levels of bilirubin as part of their normal newborn period, without an increased risk of kernicterus. Each nursery needs to establish a system to identify patients at risk and arrange for follow-up in a timely fashion if needed.

The article by Frank Oski provides an interesting historical background. His commentary was unusual by medical journal standards: it was both insightful and funny. In an era in which healthy term infants with bilirubin levels of 20mg/dl were treated with double volume exchange transfusions, Dr. Oski was one of the first to raise questions about the utility of treating yellow, but healthy infants with a potentially lethal therapy. We need to keep in mind that despite all of the concern that kernicterus is very rare: somewhere between 1/100,000 and 1/1,000,000 term births.

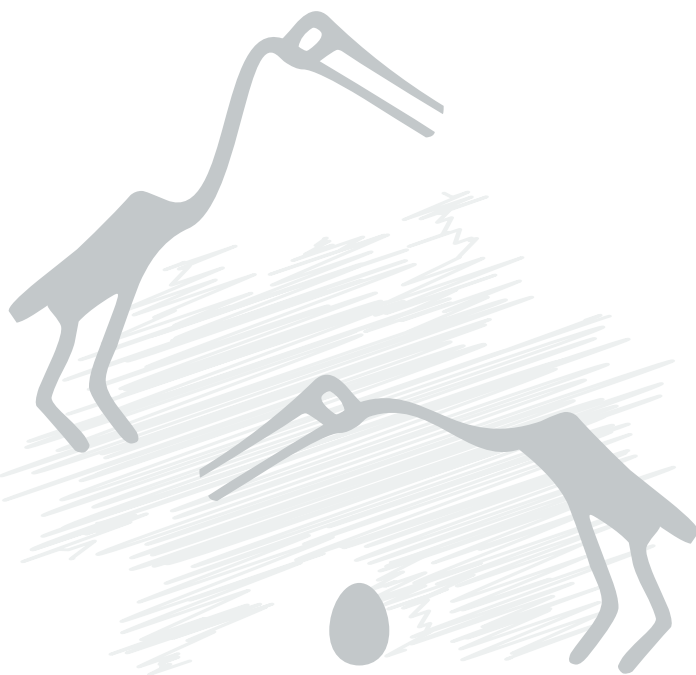
## Recent literature on American Indian/ Alaskan Native Health

### Analysis of prior health system contacts as a harbinger of subsequent fatal injury in American Indians.

*J Rural Health.* 2005 Winter; 21(1):65-9.

- Prior contact with the health system was not a marker for fatal injury
- Prior contact with the health system for an alcohol related visit was a significant marker for later fatal injury
- We need to think of how to follow-up with these patients to possible prevent later mortality

If you have any suggestions, comments or questions please contact Steve Holve, MD, Chief Clinical Consultant in Pediatrics at [sholve@tcimc.ihs.gov](mailto:sholve@tcimc.ihs.gov)



## From Your Colleagues

### Burt Attico, Phoenix

#### DMPA, Bone Mineral Density, and Teens: Recent and Reassuring Data:

**Q.** With recent studies showing that there is 3% to 6% bone density loss per year when a patient is using depot medroxyprogesterone acetate (DMPA, Depo Provera), is there a length of time after which alternative contraception should be used? Is there any role for “add-back therapy”? Bone density does not always correlate with bone strength, but a lot of our younger generations do not take in much calcium and we may have lower bone masses aggravated by DMPA.

**A.** Depot medroxyprogesterone acetate injectable contraception is widely used in the United States, particularly by teens. Use of DMPA not only suppresses ovulation (resulting in highly effective long-acting birth control), but it also reduces ovarian production of estradiol. Recognition that bone mineral density (BMD) declines during DMPA use and given the dearth of BMD data related to DMPA use in young women, concerns have been raised regarding DMPA’s skeletal safety in teens. The US Food and Drug Administration recently placed a black-box warning on DMPA package labeling indicating that women who use DMPA may lose significant BMD and that the loss may not be completely reversible. It also notes that it is unknown whether DMPA use during adolescence or early adulthood will reduce peak bone mass and increase the risk for osteoporotic fracture in later life.

However, DMPA use has not been linked to menopausal osteoporosis or fractures. In addition, reassuring evidence of complete recovery of subsequent BMD in former DMPA users has come from cross-sectional data.

The good news is that 2 recent publications should allow clinicians to offer DMPA to their adolescent patients with confidence that they are not putting them at risk for osteoporosis later in life. In a 2-year, double-blinded, randomized controlled trial of 123 adolescents, Cromer

and her colleagues in Cleveland, Ohio, found that when estradiol supplementation was added to DMPA, the BMD did not drop. Similar observations that DMPA + estrogen result in stable BMD in adult women have been made by Cundy and his colleagues in New Zealand.

Reassurance regarding recovery of BMD following use of DMPA in teens can be derived from the results found in a cohort study by Scholes and her colleagues in Seattle, Washington. A cohort of 170 adolescents (including 80 who used DMPA at baseline) found that recovery of BMD is complete within 12 months post DMPA discontinuation: “Adjusted mean BMD values for discontinuers were at least as high as those of nonusers for all anatomic sites at 12 months and at all subsequent follow-up intervals.” Duration of DMPA use was not observed to affect speed of BMD recovery after DMPA discontinuation. These observations led to the authors’ concluding sentence: “.. these results in teens and those from our previous cohort provide reassurance that bone loss is regained, even in younger users.”

The Cromer study emphasizes that in teens, as in adult women, the transient loss of BMD associated with DMPA use can be attributed entirely to reduced ovarian estradiol production with use of this injectable contraceptive. Although ‘add-back’ estrogen supplementation indeed prevents BMD loss in teen and adult DMPA users, the recovery of BMD that occurs after DMPA discontinuation in both teens and adults means that the need for such ‘add-back’ would be unusual. As both Cromer and Scholes point out in their respective publications, the transient impact of DMPA on endogenous estradiol levels and BMD is similar to trends noted with lactation, which has not been found to have a long-term impact on skeletal health. Although calcium supplementation is appropriate for North American teens, such a recommendation should apply regardless of contraceptive use. Available by Andrew M. Kaunitz, MD, Medscape

## Helping elderly drivers stay on the road:

### Skill levels and deterioration vary

#### Signs of an unsafe driver

- Severe medical problems like dementia, vision loss or other physical impairments that could jeopardize driving ability or decisions behind the wheel.
- Becoming lost in familiar areas.
- Driving too fast or too slow.
- Making poor judgments when driving.
- Failure to notice street signs.
- Having more accidents.
- People honking or gesturing at them.
- Miscalculating speed.
- Misinterpreting traffic signals, such as turning left on a green yield, without the green left turn arrow.
- Fresh scrapes and dings in the car.
- Slower reaction time.
- Tunnel vision—not being in tune with the driving environment—because driving has become too complicated to watch out for other drivers.

## Hot Topics

### Obstetrics

#### **Antibiotic treatment for bacterial vaginosis or *Trichomonas vaginalis* during pregnancy does not reduce the risk of preterm birth or other adverse perinatal or maternal outcomes.**

**CONCLUSION:** Contrary to the conclusions of 3 recent systematic reviews, we found no evidence to support the use of antibiotic treatment for bacterial vaginosis or *Trichomonas vaginalis* in pregnancy to reduce the risk of preterm birth or its associated morbidities in low- or high-risk women.

Okun N, et al *Antibiotics for Bacterial Vaginosis or Trichomonas vaginalis in Pregnancy: A Systematic Review. Obstet Gynecol. 2005 Apr;105(4):857-868.*

#### **Obstetric Anal Sphincter Injury Persists Over Long Term**

**CONCLUSIONS:** Subjective and objective anal function after anal sphincter injury deteriorates further over time and with subsequent vaginal deliveries. Thin perineal body and internal sphincter injury seem to be important for continence and anal pressure.

Fornell EU et al *Obstetric anal sphincter injury ten years after: subjective and objective long term effects. BJOG. 2005 Mar;112(3):312-6.*

#### **Ginger may be an effective and safe treatment in managing nausea and vomiting symptoms in pregnancy.**

**CONCLUSION:** Ginger may be an effective treatment for nausea and vomiting in pregnancy. However, more observational studies, with a larger sample size, are needed to confirm the encouraging preliminary data on ginger safety

**LEVEL OF EVIDENCE:** I.

Borrelli F et al *Effectiveness and safety of ginger in the treatment of pregnancy-induced nausea and vomiting. Obstet Gynecol. 2005 Apr;105(4):849-56.*

### Gynecology

#### **Antibiotics for Recurrent Urinary Tract Infections: Cochrane for Clinicians**

A 26-year-old woman visits your clinic with dysuria. She is diagnosed with her fourth urinary tract infection (UTI) of the year. **CLINICAL QUESTION:** Should we use prophylactic antibiotics in patients with recurrent UTIs? If so, which antibiotic and schedule are best?

**EVIDENCE-BASED ANSWER:** Prophylactic antibiotics can reduce the number of recurrent UTIs in nonpregnant women while they are taking the medication (relative risk [RR], 0.21; number needed to treat [NNT], 2). No antibiotic was significantly better than others at decreasing the number of UTIs, and all antibiotics caused side effects such as candidiasis, rash, and nausea in some patients. Postcoital prophylaxis was as effective

as daily prophylaxis in young women. Limited evidence suggests that weekly prophylaxis is better than monthly prophylaxis, but the former has not been compared with daily or postcoital prophylaxis.

### Child Health

#### **FASlink**

The approach is directed at maternal drinking behavior and dose. The content itself grabs you right off about in the first sentence. Canadian data could be extrapolated to US data. The physiology and effects remain the same. The depth and scope and the various media allows you to access a basic and user friendly resource kit <http://www.faslink.org/>

### Chronic disease and Illness

#### **Impact of Community-Based Yoga on Quality of Life**

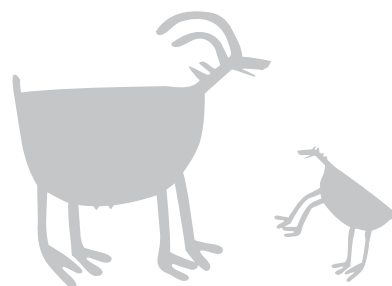
Quality of life related to physical, emotional, and social functioning and mental health can be improved for some persons after three months of a community-based mind-body training program. While the study participants initially reported more anxiety and depression than community norms, their higher self-efficacy scores indicate that persons who choose alternative medicine tend to regard health as subject to individual control. Stress reduction and social support may be mediators of the improvements observed.

Lee SW, et al. *Prospective study of new participants in a community-based mind-body training program. J Gen Intern Med July 2004;19:760-5.*

#### **Can Patients with Cancer Postpone Death for Important Events? POEM**

**CLINICAL QUESTION:** In patients with cancer, can “death take a holiday”?

**BOTTOM LINE:** Patients with cancer are equally likely to die in the week before or after a significant holiday or personal event. This study found no evidence to support the common belief that patients can temporarily postpone death to survive a holiday or other meaningful event. (Level of Evidence: 1b)



## ACOG

### Endometriosis in Adolescents - ACOG Committee Opinion No. 310

**ABSTRACT:** Historically thought of as a disease that affects adult women, endometriosis increasingly is being diagnosed in the adolescent population. This disorder, which was originally described more than a century ago, still represents a vague and perplexing entity that frequently results in chronic pelvic pain, adhesive disease, and infertility. The purpose of this Com-

mittee Opinion is to highlight the differences in adolescent and adult types of endometriosis. Early diagnosis and treatment during adolescence may decrease disease progression and prevent subsequent infertility.

*Endometriosis in adolescents. ACOG Committee Opinion No. 310. American College of Obstetricians and Gynecologists. Obstet Gynecol 2005;105:921-7*

## Domestic Violence

### IHS Child Abuse Project: Training Deadline Extended

The deadline for applications to be submitted by physicians, nurse practitioners, and physician assistants to attend the IHS Child Abuse Project has been extended! Attendance is open to both Tribal and IHS physicians, nurse practitioners,

and physician assistants. It is a two year program that requires a commitment on the part of the participant and the employing agency.

[www.ovccap.ihs.gov](http://www.ovccap.ihs.gov)

Jane Powers:

[Jane.Powers@mail.ihs.gov](mailto:Jane.Powers@mail.ihs.gov) (435) 725-6839

## Alaska State Diabetes Program

Barbara Stillwater

### A Decline in Life Expectancy in the US

A nine-month fall in life span would be greater than the negative effect of all deaths from accidents, murder and suicide. The magnitude of that effect may sound trivial to some, but in fact it's greater than the negative effect of all accidental mortality, such as car accidents, suicides and homicides combined.

Conclusion Forecasts of life expectancy are an important component of public policy that influence age-based entitlement programs such as Social Security and Medicare. Although the Social Security Administration recently raised its estimates of how long Americans are going to live in the 21st century, current trends in obesity in the United States suggest that these estimates may not be accurate. From our analysis of the effect of obesity on longevity, we conclude that the steady rise in life expectancy during the past two centuries may soon come to an end.

*Olshansky SJ, et al A potential decline in life expectancy in the United States in the 21st century. N Engl J Med. 2005 Mar 17;352(11):1138-45.*

### Dark Chocolate Improves Insulin Sensitivity/Resistance and Blood Pressure

It is probably the flavanols and procyanidins contained in the dark chocolate and not white chocolate that is associated with the observed health effects.

**CONCLUSION:** Dark, but not white, chocolate decreases blood pressure and improves insulin sensitivity in healthy people. Grassi et al. Short-term administration of dark chocolate followed by a significant increase in insulin sensitivity and a decrease in blood pressure in healthy persons.

*Am J Clin Nutr. 2005;81:541-542, 611-614*

## Vaginal Tape vs. Surgery for Stress Incontinence

TVT surgery provides a higher rate of cure in women with urinary incontinence. It also is associated with better patient-related outcomes than laparoscopic mesh colposuspension.

*Valpas A, et al. Tension-free vaginal tape and laparoscopic mesh colposuspension for stress urinary incontinence. Obstet Gynecol July 2004;104:42-9.*

**Patient-Oriented Evidence that Matters**

**Raloxifene Reduces the Risk of Breast Cancer - POEMS**

Clinical Question: Does raloxifene prevent breast cancer?  
 Bottom Line: Previous research has shown that raloxifene can protect against breast cancer after four years of use. In this four-year extension of the original study, this level of protection continued.  
 (Level of Evidence: 1b)  
 Study Reference: Martino S, et al. Continuing outcomes relevant to Evista: breast cancer incidence in postmenopausal osteoporotic women in a randomized trial of raloxifene. *J Natl Cancer Inst* December 1, 2004;96:1751-61.

**American Family Physician**

**Trial of Labor Carries Small but Real Increase in Risk**

CLINICAL QUESTION: What are the risks associated with trial of labor following cesarean delivery?  
 BOTTOM LINE: The risks of trial of labor after cesarean delivery are small but cannot be ignored. The most important is an increase in the risk of neonatal death, stillbirth, or encephalopathy (NNH = 398), which is higher than that occurring in other research (Level of Evidence: 2b).  
 Study Reference: Landon MB, et al. Maternal and perinatal outcomes associated with a trial of labor after prior cesarean delivery. *N Engl J Med* December 16, 2004;351:2581-9

**OB/GYN CCC Editorial**

“Risk, like beauty, is in the eye of the beholder”. This article is significant both in what it says, and in what it doesn’t say.  
 This is a large observational 4 year prospective at 19 academic institutions. It showed a small increased risk of hypoxic-ischemic encephalopathy, endometritis, and blood transfusion among the vaginal delivery group. As the Editorial

points out it would take approximately 588 cesarean deliveries to prevent a single adverse perinatal outcome.

Due to the timing of this study and its observational nature, approximately 1/2 of the symptomatic uterine ruptures were involved with prostaglandin administration, so even the 1/588 risk number may be overstated a large factor.

As this is not a RCT we can’t know with certainty the exact risk, but this study confirms previous studies that the risk of adverse outcome is very small.

It is reasonable to use the tenets described at the August 2004 Indian Women’s Health Conference:

- minimize risk by assuring the entire L/D unit functions as a cohesive team
- perform periodic emergency delivery drills on L/D as a team
- carefully triage TOLAC patients: low, medium, and high risk
- be especially mindful of a lack of timely intrapartum labor progress

See the August 2004 lecture notes on the MCH website from Michelle Lauria for details.

**STD Corner**

Laura Shelby, STD Director, IHS

**Natural mentoring and adolescent health: Evidence from a national study**

This article analyzes the mentoring database of the National Longitudinal Study of Adolescent Health. According to the authors, mentoring relationships (with non parent adults) had some positive effect on health and related outcomes but individual and environmental factors had a greater impact on these outcomes, outweighing the impact of mentors.

DuBois DL, Silverthorn N. Natural mentoring relationships and adolescent health: evidence from a national study. *Am J Public Health*. 2005 Mar;95(3):518-24

**Ask a Librarian**

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

**Access to the NIH Library web resources explored for Indian Health tribal staff**

There has been some initial confusion about Indian Health staff’s access to the NIH Library webpage. At this time, current ‘federal’ employees of IHS have access to the website below through our wide area network (WAN). The NIH is exploring access issues for tribal employees.

<http://hsrl.nihlibrary.nih.gov/> [cooperd@ors.od.nih.gov](mailto:cooperd@ors.od.nih.gov)

# Midwives Corner

Marsha Tahquechi, CNM, GIMC

## Midwifery care of poor and vulnerable women, 1925-2003

A systematic literature review of midwifery care of poor and vulnerable women from 1925 to 2003, was performed; 44 studies published between 1955 and 2003 were identified. Outcomes examined included prenatal care visits, vaginal versus operative births, labor interventions, maternal and neonatal mortality and morbidity, birth weight, and cost-effectiveness. Studies showed that midwives predominantly

serve vulnerable women who are young, poor, immigrants, or members of racial and ethnic minorities. Preterm birth prevention is emerging as a midwifery research focus. Health system changes are making it more difficult to provide effective care and counseling to disadvantaged women, especially in managed care settings. Extensive evidence documents excellent outcomes of midwifery care for the poor in urban and rural settings. Raisler J, Kennedy H. Midwifery care of poor..

## Family Planning

### Almost half of women who express a desire for postpartum sterilization will not undergo the procedure

**CONCLUSION:** Despite their initial request, only 54% of women in our sample underwent sterilization. Young age, African-American race, request in the second trimester, and vaginal delivery were significantly associated with not undergoing sterilization. Our data suggest that

providers should counsel all women who desire postpartum sterilization about the wide array of contraceptive methods available, with the understanding that approximately half of all women may not undergo the sterilization procedure.

**LEVEL OF EVIDENCE:** II-2.

Zite N, Wuellner S, Gilliam M. Failure to obtain desired postpartum sterilization: risk and predictors. *Obstet Gynecol.* 2005 Apr;105(4):794-9.

## Two Criteria May Be Sufficient to Diagnose Bacterial Vaginosis

**CONCLUSION:** The clinical criteria for diagnosing bacterial vaginosis can be simplified to 2 clinical criteria without loss of sensitivity and specificity.

Gutman RE et al Evaluation of clinical methods for diagnosing bacterial vaginosis. *Obstet Gynecol.* 2005 Mar;105(3):551-6.

(continued from page 1)

excision or ablation of the transformation zone. Those with high-risk HPV should be referred for colposcopy.

- Treatment for genital warts should be guided by the preference of the patient and the experience of the health care provider.

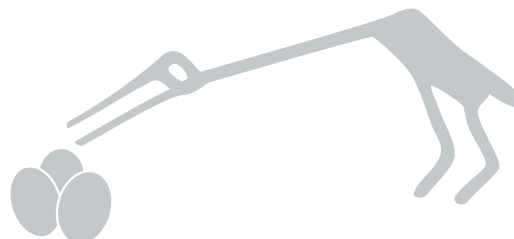
to patients under the guise of patient education and public health information. Proprietary vendors can present an unrealistically flattering portrayal of their products and may have different motivations other than attaining the high possible health status of Native women.

Human papillomavirus. *ACOG Practice Bulletin No. 61. American College of Obstetricians and Gynecologists.* *Obstet Gynecol* 2005; 105:905-18.

## OB/GYN CCC Editorial

ACOG has provided a great deal of helpful information that should help guide our screening for cervical cancer among Native women. I suggest providers utilize the above Practice Bulletin and the American Society for Colposcopy and Cervical Pathology Consensus Guidelines as benchmarks. <http://www.asccp.org/consensus.shtml>

Indian Health providers and Native patients should be aware that there are proprietary vendors aggressively marketing HPV tests directly



## Start planning now

### 2005 U.S. Public Health Conference/Global Health Summit

- Philadelphia, PA
- June 5—9, 2005. Development of the Report on Global Health.
- June 6—9, 2005. 40th Annual U.S. Public Health Professional Conference.

For more information visit:

<http://www.coausphsconference.org>

### IHS/ACOG. Postgraduate Course: Obstetric, Neonatal, and Gynecologic Care.

- Denver, Colorado
- June 19—23, 2005

*The basics of all AI/AN women's health, plus a good update.*

Contact Yvonne Malloy at [YMalloy@acog.org](mailto:YMalloy@acog.org) or

(202) 863-2580

### National Summit on Preconception Care

- Atlanta, Georgia
- June 21—22, 2005
- Catalyst for national recommendations for preconception care, CDC.

Event Coordinator:

Keshia Jones at (404) 320-1818 ext. 224

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Ob/Gyn Pediatrics CCC Corner

April 2005

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## From Your Colleagues

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