

## LEEP Treatment Increases Risk of Preterm Delivery in Future Pregnancies

### OBJECTIVE

To estimate whether the loop electrosurgical excision procedure (LEEP) is associated with an adverse effect on the outcome of subsequent pregnancies.

### METHODS

A retrospective cohort study was performed. The study group comprised women who had a LEEP in Halifax County between 1992 and 1999 and then had a subsequent singleton pregnancy of greater than 20 weeks of gestation with delivery at the IWK Health Centre in Halifax, Nova Scotia. The comparison group comprised women with no history of cervical surgery who were matched for age, parity, smoking status, and year of delivery. There were 571 women in each group. The primary outcome was rate of preterm delivery at less than 37 weeks of gestation. Secondary outcomes included delivery at less than 34 weeks and various neonatal and maternal outcomes. The effect of specific LEEP characteristics was analyzed separately.

### RESULTS

Women who had a LEEP were more likely to deliver preterm overall (7.9% versus 2.5%; odds ratio [OR] 3.50, 95% confidence interval [CI] 1.90-6.95;  $P < .001$ ) and to deliver preterm after premature rupture of membranes (PROM) (3.5% versus 0.9%; OR 4.10, 95% CI 1.48-14.09). The increase in delivery at less than 34 weeks was not statistically significant (1.25% versus 0.36%; OR 3.50, 95% CI 0.85-23.49;  $P = .12$ ). Women with LEEP also delivered more

low birth weight (LBW) infants (5.4% versus 1.9%; OR 3.00, 95% CI 1.52-6.46;  $P = .003$ ). There were no differences in other neonatal or maternal outcomes. No association was found between the characteristics of the LEEP, including depth, and the rate of preterm delivery.

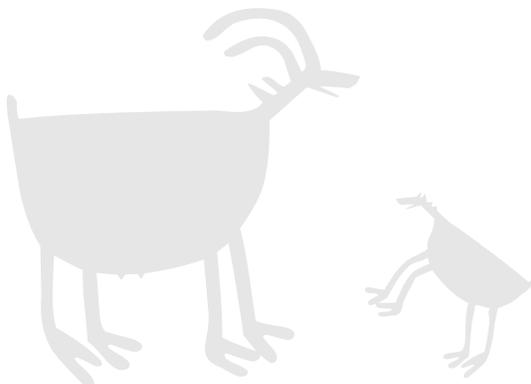
### CONCLUSION

Loop electrosurgical excision procedure is associated with an increased risk of overall preterm delivery, preterm delivery after PROM, and LBW infants in subsequent pregnancies at greater than 20 weeks of gestation. Women who are considering future pregnancies should be counseled about these risks during informed consent for LEEP.

### LEVEL OF EVIDENCE: II-2.

Samson SL et al The effect of loop electrosurgical excision procedure on future pregnancy outcome. *Obstet Gynecol.* 2005 Feb;105(2):325-32.

*(continued on page 7)*



### THIS MONTH

Abstract of the Month	1,7
IHS Child Health Notes	. 2
From Your Colleagues	. 3
Hot Topics	. . . . . 4
Features	. . . . . 5-7

### 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](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.

*Neil J. Murphy*

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

# IHS Child Health Notes

Feb 2005

## ARTICLES OF INTEREST

### Rethinking well-child care

*Pediatrics. 2004 Jul;114(1):210-6.*

- Well child care visits were initially set up to mesh with the vaccination schedule.
- Well child care needs may no longer be congruent or fit best with vaccination schedules
- Well child care should be scheduled to meet developmental needs
- The author speculates that much of current well child care is inefficient and much that is needed, especially in child development, is left out.

### Gaps in the evidence for well-child care: a challenge to our profession

*Pediatrics. 2004 Dec;114(6):1511-21.*

- Almost one third of visits to pediatricians are for well child care
- Aside from vaccinations; there is virtually no evidence to support what is done in office based well child physical exams, screening and counseling are effective
- The authors do not deny that screening and counseling are important, only that evidence of their effectiveness is lacking and that this evidence needs to be obtained through well designed clinical trials.

## EDITORIAL COMMENT

Two thought provoking articles that demonstrate that we have little evidence to justify what we do for well child care. The authors don't feel that health maintenance is useless, but that it lacks the rigorous evidence we would normally ask for in any other medical intervention. They challenge pediatrics to come up with the data to show "what works" and to then discard what doesn't work, or worse, cause harm.

## RECENT LITERATURE ON AMERICAN INDIAN/ALASKAN NATIVE HEALTH

### Intervention-related bias in reporting of food intake by fifth-grade children participating in an obesity prevention study

*Am J Epidemiol. 2004 Dec 1;160(11):1117-21.*

- A follow-up to the Pathways study that looked at trying to prevent obesity in American Indian school children.
- The Pathways program increased knowledge about diet and exercise but failed to demonstrate any change in increased physical activity, better diet or less weight gain.
- The authors believe that children in the intervention group under reported their caloric intake. They point out that this may be an issue in children being counseled on weight loss.

*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)*

## International Meeting on Inuit and Native American Child Health

April 29-May 1, 2005

Seattle, WA

Join the American Academy of Pediatrics and the Canadian Paediatric Society, in cooperation with the Indian Health Service, for the first International Meeting on Inuit and Native American Child Health.

Pediatricians, family physicians, residents, other health care professionals, clinical researchers, state and federal public health employees, child advocates, and other professionals and family representatives dedicated to working with First Nations, Inuit, and American Indian/Alaska Native (AI/AN) children should attend. Participants will have the opportunity to share ideas on

culturally effective health care delivery models, present research findings, and dialogue about strategies to improve the health of First Nations, Inuit, and AI/AN children and communities.

This is the first international meeting on Indian/Inuit health with sponsorship by both countries pediatric societies. It should be an excellent forum for education and sharing of ideas

### For more information visit:

<http://www.aap.org/nach/InternationalMeeting.htm>

## From Your Colleagues

### JEAN HOWE, CHINLE

#### Announcing the new OB/GYN Deputy Chief Clinical Consultant IHS

Acting on a directive from the National Council of Chief Clinical Consultants, we conducted a national search for an OB/GYN Deputy Chief Clinical Consultant. We had to choose from some excellent candidates, any of which would have been excellent choices. Kudos to all of them.

### OB/GYN CCC COMMENT

#### I am happy to announce that Jean Howe will become the OB/GYN Deputy Chief Clinical Consultant.

Jean will participate in many of the national functions of the CCC. I look forward to working her. Originally from Vermont and trained at the University of Colorado, Dr. Howe has been an Ob/Gyn at Chinle Hospital for 7 years. She also currently serves as the Navajo Area Ob/Gyn consultant and will complete an MPH program this May. Her areas of interest include preventive services, contraception, and diabetes in pregnancy. [Jean.Howe@ihs.gov](mailto:Jean.Howe@ihs.gov)

### JUDY WHITECRANE, PHOENIX

#### It makes it easy for moms to remember: 2 days, 2 weeks, and 2 months

At PIMC, We have a 2 day and 2 week infant check by peds. Then there is a 2 month Mom-Baby clinic with CNM's doing postpartum and pediatricians doing well-baby.

### YOLANDA MEZA, ANCHORAGE

#### Routine suctioning of meconium-stained neonates before delivery of their shoulders?

**INTERPRETATION:** Routine intrapartum oropharyngeal and nasopharyngeal suctioning of term-gestation infants born through MSAF does not prevent MAS. Consideration should be given to revision of present recommendations. *Vain NE, et al Oropharyngeal and nasopharyngeal suctioning of meconium-stained neonates before delivery of their shoulders: multicentre, randomized controlled trial. Lancet. 2004 Aug 14;364(9434):597-602.*

#### OB/GYN CCC comment:

This is the first randomized controlled trial to assess routine oropharyngeal and nasopharyngeal suctioning of meconium-stained neonates before delivery of their shoulders. Though the numbers are not large, each Indian Health facility should re-evaluate this practice as it reflects on staffing manpower issues at their facility. njm

#### Comments Steve Holve, Pediatric CCC

Since the report in 1976 by Carson et al the AAP and ACOG have recommended intrapartum oropharyngeal suctioning of newborns to prevent meconium aspiration syndrome. The assumption was that aspiration of meconium was an intrapartum event. Unfortunately, in recent years there is good evidence that many, if not all, episodes of severe meconium aspiration occur in utero and that intrapartum suctioning will not prevent these infants from developing meconium aspiration syndrome (MAS).

From the pediatric point of view, there is good evidence (Pediatrics 105:1: 1- 7, 2000\*) that vigorous infants born through meconium stained fluid are at little risk for MAS and do not need delivery room intubation by the pediatrician. This study also pointed out that intubation has risks, though the complications were rare and transient.

What to do? Current Neonatal Resuscitation Program guidelines still recommend intrapartum suctioning of meconium stained infants by the maternity provider, but no longer recommend delivery room intubation of meconium stained infants if they are vigorous.

Should the same standard apply to maternity providers? Is there a small subgroup of infants (those with signs of intrapartum distress such as flat strips or thick meconium) who might benefit from intrapartum suctioning of the oropharynx? These issues need to be addressed in the literature and then applied to local practice guidelines.

*Wiswell TE, et al Delivery room management of the apparently vigorous meconium-stained neonate: results of the multicenter, international collaborative trial. Pediatrics. 2000 Jan;105(1 Pt 1):1-7.*

### Suzan Murphy, Lactation Consultant, PIMC

#### Methamphetamine abuse and breastfeeding

Dr. Hale et al have indicated that moms with a +UDS for methamphetamine at delivery may still be able to breastfeed safely because the amount of methamphetamine that gets into the colostrum is small, and the amount colostrum that the baby receives is also small, making the methamphetamine dose negligible. Unfortunately, as the baby grows, the subsequent use and feedings may be a problem. There has been newspaper publicity about methamphetamine user's breastfeeding and their babies dying. It is not yet a clearly understood issue. [Suzan.Murphy@ihs.gov](mailto:Suzan.Murphy@ihs.gov)

#### OB/GYN CCC comment:

There will be a Primary Care Discussion Forum about Methamphetamine Use in Indian Country starting April 1, 2005 moderated by Steve Holve. To subscribe, contact [nmurphy@scf.cc](mailto:nmurphy@scf.cc)

# Hot Topics

## Obstetrics Gynecology Child Health Chronic Disease and Illness

### OBSTETRICS

#### Severe Preeclampsia and Eclampsia: Systolic Hypertension Is Also Important

**CONCLUSION:** In contrast to severe systolic hypertension, severe diastolic hypertension does not develop before stroke in most patients with severe preeclampsia and eclampsia. A paradigm shift is needed toward considering antihypertensive therapy for severely preeclamptic and eclamptic patients when systolic blood pressure reaches or exceeds 155-160 mm Hg.

**LEVEL OF EVIDENCE:** III.

*Martin JN Stroke and severe preeclampsia and eclampsia: a paradigm shift focusing on systolic blood pressure. Obstet Gynecol. 2005 Feb;105(2):246-54. also see Editorial, Obstet Gynecol. 2005 Feb;105(2):237-8.*

#### Progesterone Treatment Decreases Preterm Birth Rate

**CONCLUSION:** Use of 17P could reduce preterm birth among eligible women, but would likely have a modest effect on the national preterm birth rate. Additional research is urgently needed to identify other populations who might benefit from 17P, evaluate new methods for early detection of women at risk, and develop additional prevention strategies.

**LEVEL OF EVIDENCE:** III.

*Petrini JR, et al Estimated effect of 17 alpha-hydroxyprogesterone caproate on preterm birth in the United States. Obstet Gynecol. 2005 Feb;105(2):267-72.*

**CONCLUSION:** The use of progestational agents and 17alpha-hydroxyprogesterone caproate reduced the incidence of preterm birth and low birth weight newborns.

*Sanchez-Ramos L et al Progestational agents to prevent preterm birth: a meta-analysis of randomized controlled trials. Obstet Gynecol. 2005 Feb;105(2):273-9.*

### GYNECOLOGY

#### Screening for Ovarian Cancer: Not Recommended U.S. PREVENTIVE SERVICES TASK FORCE

*The USPSTF recommends against routine screening for ovarian cancer. D recommendation.*

The USPSTF found fair evidence that screening with serum CA-125 level or transvaginal ultrasound can detect ovarian cancer at an earlier stage than it can be detected in the absence of screening; however, the USPSTF found fair evidence that earlier detection would likely have a small effect, at best, on mortality from ovarian cancer. Because of the low prevalence of ovarian cancer and the invasive nature of diagnostic testing after a

positive screening test, there is fair evidence that screening could likely lead to important harms. The USPSTF concluded that the potential harms outweigh the potential benefits.

#### Sexual Function After Hysterectomy

**CONCLUSION:** Most patients expected and experienced no change in sexual desire, orgasm frequency, or orgasm intensity. Hysterectomy appears to result in decreased pain with sexual relations.

*Dragicis KG, Milad MP. Sexual functioning and patient expectations of sexual functioning after hysterectomy. Am J Obstet Gynecol May 2004;190:1416-8.*

### CHILD HEALTH

#### Gender bias in child growth evaluations may miss disease in girls

**CONCLUSIONS:** Sex differences in short stature referrals may delay diagnosis of diseases in girls while promoting overzealous evaluations of healthy boys who do not appear to be tall enough.

*Grimberg A, et al Sex differences in patients referred for evaluation of poor growth. J Pediatr. 2005 Feb;146(2):212-6.*

### CHRONIC DISEASE AND ILLNESS

#### Quality of Care May Decline as Physicians Age

**CONCLUSIONS:** Physicians who have been in practice longer may be at risk for providing lower-quality care. Therefore, this subgroup of physicians may need quality improvement interventions.

*Choudhry NK, et al Systematic review: the relationship between clinical experience and quality of health care. Ann Intern Med. 2005 Feb 15;142(4):260-73.*

#### Chronic disease antecedents arise in utero and infancy: The Barker Hypothesis

Fetal Infant Mortality (NFIMR) conference in August plenary session by Dr. Michael Lu presented birth outcomes that you will find provocative and insightful. It focuses primarily on White and African American differences and includes AI/AN population in the graphs to a certain extent.

Dr. Lu introduces a model of life trajectory, "the weathering factor", and the Barker Hypothesis calling attention to the multifactorial nature of birth outcomes and that there is no one easy fix. For more information see Maternal and Child Health Bureau, HRSA.

# American Family Physician

## Patient-Oriented Evidence that Matters

### Radio-Frequency Endometrial Ablation for Menorrhagia

**CLINICAL QUESTION:** Is radio-frequency endometrial ablation more effective than balloon ablation for the treatment of menorrhagia?

**BOTTOM LINE:** Amenorrhea is achieved more often with radio-frequency endometrial ablation than with hot-water balloon ablation. Women tend to be more satisfied with the radio-frequency technique one year after therapy. A reassessment of the treated women after a longer follow-up period is needed.

**LEVEL OF EVIDENCE:** 1b-

### Esterified Estrogen and Venous Thrombotic Risk

**CLINICAL QUESTION:** Do different formulations of estrogen similarly increase the risk of venous thrombosis?

**BOTTOM LINE:** Oral therapy with conjugated equine estrogen is associated with an increased risk of venous thrombosis in a dose-dependent fashion during the time the woman takes it. Concomitant use of medroxyprogesterone further increases the venous thrombosis risk. Esterified estrogen does not appear to increase venous thrombosis risk. Until more reliable data are available from prospective comparison trials, it makes sense to strongly consider prescribing esterified estrogen to control symptoms in perimenopausal and postmenopausal women.

**LEVEL OF EVIDENCE:** 3b

# Barbara Stillwater

## Alaska State Diabetes Program

### Walk 2000 More Steps a Day and Never Gain Another Pound: Amazing Gadget

6000 steps a day significantly reduces risk of death, and 8000-10,000 a day promotes weight loss. If you add just 2000 more steps a day to your regular activities, you may never gain another pound. So says research by Dr. James O. Hill of the Center for Human Nutrition at the University of Colorado Health Sciences Center. To lose weight, add in more steps.

Sedentary people in the USA generally move only 2000-3000 steps a day. Previous studies have shown that moving 6000 steps a day significantly reduces risk of death, and 8000-10,000 a day promotes weight loss.

How far is 2000 steps? It is about a mile. But the benefits for health and for weight manage-

ment don't depend on you walking a mile all at one time, but simply adding in more steps throughout the day. By wearing a pedometer all day, you are motivated to add in extra steps whenever you can. There are many little trips that can add up to a mile or two a day - parking further from the door of your destination, taking the stairs rather than the elevator, pace around as you talk on the telephone, take a marching-in-place minute once an hour.

"All in all, it is entertaining to ponder that such a seemingly insignificant gadget may be of practical importance in the war on obesity!" said Catrine Tudor-Locke, Ph.D., Department of Exercise and Wellness, Arizona State University in the conclusion of a report by the President's Council of Physical Fitness and Sports, June, 2002

## Steve Holve

### How common is Methamphetamine use in your area?

#### Questions....

In your tribal area are there laws that make Methamphetamine production and use a crime?

Should all mothers be screened at delivery for Methamphetamine use or only if medically indicated?

What resources are available in your community if a pregnant mother is found to be using Methamphetamine?

What resources are available for teenagers and adults who are Methamphetamine users?

What programs have shown success in treating Methamphetamine addiction?

*There will be a discussion on this topic moderated by Steve Holve starting April 1, 2005 on the Primary Care Discussion Forum. To subscribe contact nmurphy@sfcf.cc*

## Child Health

### Protective effects of firearm storage practices for children

The 4 specific practices of keeping a gun locked, unloaded, and storing ammunition locked and in a separate location were associated with a protective effect and suggest feasible strategies to reduce these types of injuries in homes with children and adolescents where guns are stored.

Grossman DC, Mueller BA, Riedy C, et al. 2005. Gun storage practices and risk of youth suicide and unintentional firearm injuries. *JAMA, The Journal of the American Medical Association* 293(6):707-714

## Family Planning

### Hormonal Contraceptives and Weight Gain: Cochrane for Clinicians - AFP

#### Clinical Question

Do combination hormonal contraceptives cause weight gain?

#### Evidence-Based Answer

There is no causal relationship between combination contraceptives and weight gain.

#### Practice Pointers

Many women and physicians believe that weight gain is associated with combination hormonal contraceptives. The weight gain could be the result of water retention, increased muscle mass, or increased fat deposition. To test this perception, Gallo and colleagues performed a systematic review of randomized controlled trials. They included studies of at least three menstrual cycles' duration that compared combination contraceptives with placebo or other drugs, dosages, regimens, or study lengths. They found three placebo-controlled trials, none of which found a significant difference in weight gain between groups. The largest of these studies, with 473 patients, found a difference of less than 1 lb after six months. There was also no difference between groups in discontinuation of the contraceptives because of weight gain.

Furthermore, most of the studies comparing two contraceptive regimens did not show differences in weight gain.

When patients are reluctant to take combination contraceptives because they fear weight gain, physicians can tell them that it is true that women gain weight with the pill and the patch. However, they also gain weight when they don't use these products.

## Hormone Replacement Update

### Benefits and Risks of Estrogen in Postmenopausal Women

**CONCLUSIONS:** The use of CEE increases the risk of stroke, decreases the risk of hip fracture, and does not affect CHD incidence in postmenopausal women with prior hysterectomy over an average of 6.8 years. A possible reduction in breast cancer risk requires further investigation. The burden of incident disease events was equivalent in the CEE and placebo groups, indicating no overall benefit. Thus, CEE should not be recommended for chronic disease prevention in postmenopausal women. Anderson et al. Effects of conjugated equine estrogen in postmenopausal women with hysterectomy. *The Women's Health Initiative Randomized Controlled Trial. JAMA April 14, 2004;291:1701-12.*

## Ask a Librarian:

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

#### Infant Mortality: Bad News, Good News

The U.S. infant mortality rate is higher, according to the latest analysis. That's the bad news. The U.S. mortality rate (IMR) rose from 6.8 to 7.0 per 1000 live births from 2001 to 2002. It was the first increase in IMR in 40 years. The good news is, bucking that trend, the IMR for American Indians improved, from 9.7 to 8.6. Other rates from 2002 were: Asian/Pacific Islander 4.8; Hispanic 5.6; white 5.8; total 7.0; black 13.8.

Analysts said the U.S. upturn was because

the proportion of very low birth-weight babies increased. They speculated 3 possibilities that could have contributed to this change. 1.) There may have been a change in reporting live or viable births among very low weight fetuses (IMR does not include stillbirths); 2.) There may have been changes in the risk profile of expectant women, although it was not due to an increase in higher risk age groups; 3) improved medical management of pregnancy may have brought more nonviable fetuses to live birth.

*National Vital Statistics Reports 53/12, Jan 24, 2005*

## STD Corner

Laura Shelby, STD Director, IHS

### Men have often been overlooked for routine chlamydia screening

In this study conducted in 4 cities, 96% of males screened were asymptomatic and had an overall percent positivity at 7%. At 7% percent positivity, chlamydia is moderately high among men

tested in nonclinical and clinical settings.

Schillinger, et al *Prevalence of Chlamydia trachomatis Infection Among Men Screened in 4 U.S. Cities. Sexually Transmitted Diseases. 32(2):74-77, February 2005.*

## Breastfeeding

### American Academy of Pediatrics Revised policy on Breastfeeding

Breastmilk and the Use of Human Milk cites substantial new research on the importance of breastfeeding and sets forth principles to guide pediatricians and other health professionals in assisting women and children in the initiation and maintenance of breastfeeding. The policy statement replaces the American Academy of Pediatrics' 1997 policy statement on breastfeeding. The revised statement includes information on child, maternal, and community health benefits of breastfeeding; contraindications to breast-

feeding; recommendations on breastfeeding for healthy term infants and high-risk infants; and the role of pediatricians and other health professionals in protecting, promoting, and supporting breastfeeding. The policy statement emphasizes the central role of the pediatrician in coordinating breastfeeding management and providing a medical home for the child. American Academy of Pediatrics, Section on Breastfeeding. 2005. Breastfeeding and the Use of Human Milk. Policy Statement. Pediatrics 115(2): 496-506

(continued from page 1)

## LEEP Treatment Increases Risk....

### OB/GYN CCC COMMENT

This study further develops the literature base that supports that LEEP is associated with adverse outcomes related to premature delivery on subsequent pregnancies. See also the CCC Corner 9/04 comments, re: Sadler 2004.

Patients should be counseled about these risks and providers should fully outline alternative therapies, which may include careful observation in many cases. The potential risks of LEEP on future pregnancies is one more reason that low-grade CIN should be followed closely for a period of time instead of being immediately treated since most low-grade CIN will spontaneously regress and will not need treatment (ASCCP). If current therapy is deemed necessary, then cryotherapy is often a reasonable alternative.

### Other resources:

Sadler L, et al *Treatment for cervical intraepithelial neoplasia and risk of preterm delivery. JAMA. 2004 May 5;291(17):2100-6.*

CCC Corner 9/04 comments.

ACOG: *LEEP Treatment Increases Risk of Preterm Delivery in Future Pregnancies.*

*Clinical uses of human papillomavirus (HPV) DNA Self Assessment Booklet: ASCCP.*

## Gynecology

### Abnormal Uterine Bleeding: Surgical or Medical Therapy?

CONCLUSIONS: Among women with abnormal uterine bleeding and dissatisfaction with medroxyprogesterone, hysterectomy was superior to expanded medical treatment for improving health-related quality-of-life after 6 months. With longer follow-up, half the women randomized to medicine elected to undergo hysterectomy, with similar and lasting quality-of-life improvements; those who continued medical treatment also reported some improvements.

Kuppermann M, et al., for the Ms Research Group. *Effect of hysterectomy vs medical treatment on health-related quality of life and sexual functioning. The medicine or surgery (Ms) randomized trial. JAMA March 24/31, 2004;291:1447-55.*

## START PLANNING NOW

March 30 - April 1, 2005

### Albuquerque, New Mexico

IHS Advanced Colposcopy course and Refresher Workshop.

*Ideal for non-OB/GYN and OB/GYN performing colposcopy.*

Contact Roberta Paisano at (505) 248-4431

June 19 - 23, 2005

### Denver, Colorado

IHS / ACOG. Postgraduate Course:

Obstetric, Neonatal, and Gynecologic Care.

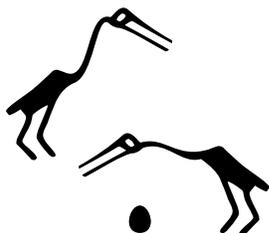
*The basics of all AI/AN women's health, plus a good update.*

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

(202) 863-2580

Southcentral Foundation  
4501 Diplomacy Drive  
Anchorage Alaska, 99508

Non-Profit Org.  
US Postage  
PAID  
Anchorage, AK  
Permit #1022



INSIDE

OB/GYN PEDIATRICS CCC CORNER

FEBRUARY 2005

## Abstract of the Month

LEEP Treatment Increases Risk of Preterm Delivery in Future Pregnancies

## IHS Child Health Notes

- Rethinking well-child care
- Gaps in the evidence for well-child care: a challenge to our profession
- Intervention-related bias in reporting of food intake by fifth-grade children....

## From Your Colleagues

- Announcing the new OB/GYN Deputy Chief Clinical Consultant IHS
- Routine suctioning of meconium-stained neonates before delivery of their shoulders?

## Hot topics

- Obstetrics—Severe Preeclampsia and Eclampsia: Systolic Hypertension Is Also Important
- Gynecology—Sexual Function After Hysterectomy
- Child Health—Gender bias in child growth evaluations may miss disease in girls

## Features

- Ask a Librarian—Infant Mortality: Bad News, Good News
- Family planning—Hormonal Contraceptives and Weight Gain: Cochrane for Clinicians - AFP
- STD Corner—Men have often been overlooked for routine chlamydia screening
- American Family Physician—Patient-Oriented Evidence that Matters
- Alaska State Diabetes Program—Walk 2000 More Steps a Day and Never Gain Another Pound
- Breastfeeding—American Academy of Pediatrics Revised policy on Breastfeeding

