

# MFM NEWS

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Department of Obstetrics & Gynecology  
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## Highlights From The SMFM

The Society of Maternal-Fetal Medicine met this year in Dallas, TX. Here are some of the excerpts presented at the scientific sessions, mostly regarding the timeless issue of PRETERM LABOR:

- 1) Many of you are familiar with Dr. Grimes, who has recently and publicly criticized the use of MgSO<sub>4</sub> as a tocolytic. His opinion and the supporting literature have prompted many centers nationally to discontinue its use for such purposes, including our group at EVMS. However, his stance was not embraced by everyone at the SMFM this year. New data from MFM network/ NICHD study (>2000 patients) using MgSO<sub>4</sub> (although NOT for tocolysis) suggests significant benefit to premature infants exposed to MgSO<sub>4</sub> with decreased severity of moderate-severe cerebral palsy. This may be significant in view of the fact that none of the tocolytics that we currently have available have really been demonstrated to have significantly superior efficacy for preterm delivery prevention. Perhaps we should consider reinstating for the VLBW babies.
- 2) Regarding the issue of the total length of tocolytic therapy, a few studies were presented that looked at prolonged maintenance tocolysis after initial 48 hours and NO significant benefit has been demonstrated (nothing new there).
- 3) Multiple courses of antenatal corticosteroids (ANCS) are not showing any benefit over a single course in several large studies and in fact even with 2 courses (14 days apart) some studies are showing worse outcome for neonates in terms of lower birth weight. There is currently a "strong push" from several presentations limit ANCS to only ONE course per pregnancy. There is possible benefit of ANCS in 23-24 wk neonates who are resuscitated and survive (limited data).
- 4) Retrospective data analysis from patients who participated in the U/S FASTER trial, suggests that use of daily preconception folate (even daily PNV) for at least 1 year "may" decrease risk for subsequent preterm delivery. Folate is clearly good for everyone!
- 5) The NIH consensus statement suggesting limited benefit of ANCS in PROM beyond 32 wks (vs. 34 wks with intact membranes) has been questioned; more recent data from larger studies is NOT supportive of this position. Apparently, data on which this original recommendation was based is not very strong. Risk of infection seems not that significant relative to potential benefit to the neonate of administering ANCS unless there is obvious chorioamnionitis. Several people quoting a recent British RCT study on repeat C/Sec near term showing significant and surprising benefit of steroids on lung status in pregnancies delivered up to 39 wks.
- 6) Elective "pre-labor" delivery (in uncomplicated pregnancies) prior to 39 completed wks is associated with significantly increased neonatal morbidity, mostly respiratory (NICHD MFM study involving 13000 C/S births).

The association of bacterial vaginosis and preterm delivery has been observed for some time, but the million-dollar question on causation has still not been answered. A recent report in the British Journal of OB-GYN indicates that the answer may be YES. In a Swedish study, 819 women with BV were randomly selected to receive either a 7 day course of clindamycin vaginal cream or no treatment. The rate of preterm birth before 37 weeks was not significantly different in the two groups. However, 11 cases of late miscarriage or preterm birth in the clindamycin group had an average gestation 32.5 days longer than that of the 12 cases in the comparison group. In addition, preterm delivery prior to 33 weeks was "very much less common" in the clindamycin group. Preterm infants in the clindamycin group required an average of 18 days in the neonatal intensive care group compared to 45 days for preterm infants born in the comparison group. So until more information is available, it still remains standard of care to evaluate for and treat BV in symptomatic patients and those presenting with possible preterm labor.

A recent study from the Institute of Medicine by Dr. Richard Berman of Menlo Park, California, released some impressive information – One in eight babies is now born prematurely (prior to 37 weeks) which represents a 30% increase since 1981. This results in approximately 500,000 preterm infants per year in the US. Women who remain at highest risk are those with a prior preterm birth and women 16 or younger and 35 or older. Assisted reproduction accounts for some but not all of this increase. The estimated cost to our health care system is \$26 billion dollars. The author of the report asks that infertility specialists restrict the use of drugs to stimulate multiple gestations and limit the transfer of IVF embryos to only singletons. That is unlikely to become mainstay treatment in this country, but is becoming legislated in some European countries.

If you have any questions or suggestions regarding the MFM Newsletter, please contact the editor, Sue K. Sayegh, M.D., at [sayeghsk@evms.edu](mailto:sayeghsk@evms.edu)

#616  
EASTERN VIRGINIA MEDICAL SCHOOL  
P.O. Box 1980  
Norfolk, VA 23501

Dr. Gilbert is a pediatric cardiac surgeon who has recently joined CHKD and Bon Secours. He is currently performing all of the cardiac surgical procedures currently available, with the exception of cardiac transplant, for the children in our area, including neonates. We are quite pleased to welcome him to our "team" and his skills and expertise will be a great asset to our prenatal diagnosis program. Dr. Gilbert received a bachelor's degree in chemistry from Ursinus College in Collegeville, Pennsylvania, and his medical degree from Temple University. He completed an internship in family medicine at St. Mary Corwin Hospital, University of Colorado Health Sciences Center. He did general surgery residencies at Yale University and Temple University, and a cardiothoracic surgery residency, also at Yale. He completed a pediatric cardiac surgery fellowship at Children's Hospital of Philadelphia in 1991.