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EASTERN VIRGINIA MEDICAL SCHOOL

Using two rather than three embryos reduced multiple births but not pregnancy or implantation rates, Dr. Silvina Bocca reported.

Two-Embryo IVF Has Same Success

BY BETSY BATES
Los Angeles Bureau

RENO, NEV. — Transferring two embryos rather than three in patients undergoing in vitro fertilization resulted in fewer multiple and high-order pregnancies, but no significant diminishment in the total reproductive potential of a single cycle of ovarian stimulation at the Jones Institute for Reproductive Medicine.

Pregnancy rates, implantation rates, and total reproductive potential were similar in a total of 566 two-embryo and three-embryo transfer cycles performed at the Eastern Virginia Medical School, Norfolk, from 2000 to 2004, Dr. Silvina Bocca reported at the annual meeting of the Society for Gynecologic Investigation.

Yet limiting the number of transfers led to a significant reduction in multiple gestations, with twins constituting 21% of two-embryo transfer pregnancies, compared with 30% of three-embryo transfer pregnancies. Rates for triplets were 1% for two embryos and 8% for three.

“We’ve since started going a lot further, to single-embryo transfer,” said Dr. Bocca during an interview at the poster where her data were presented.

Dr. Bocca said it has taken time to convince physicians, as well as patients, of the wisdom of reducing the number of transferred

embryos to prevent multiple births. “It’s a huge step,” she said.

“It takes an extra 30 minutes talking to patients to explain why it is important to do it. When you talk about the complications of pregnancy, women start to ask themselves, do I want to be on bed rest for 9 months? Do I want my babies to stay in the hospital?”

She also discusses with parents the long-term developmental ramifications for twins and triplets born prematurely.

Patients with repetitive in vitro fertilization (IVF) failure are the most difficult to convince, and their physicians are reluctant

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Calling All Pearls!

Bring them to Dr. Flamm at the ACOG meeting in San Diego, booth #307.

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Eclamptic Seizure

Focus first on mother, expert recommends.

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Master Class

Dr. E. Albert Reece and Dr. Hugh E. Mighty discuss trauma in pregnancy.

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Light Eating During Labor Won't Raise Complication Risk

Risk low, satisfaction high in U.K. study.

BY BETSY BATES
Los Angeles Bureau

RENO, NEV. — Women permitted to eat low-fat, low-residual foods during labor were no more likely than women who received only water to have labor, delivery, or neonatal complications in a randomized study conducted in the United Kingdom.

Moreover, women who ate rated their overall labor experience as significantly better than that of women who were only allowed to drink water, according to a study presented in poster form at the annual meeting of the Society for Gynecologic Investigation.

Dr. Bing Liu and associates randomized 2,426 primiparous, low-

risk laboring women to one of two groups, either allowing them to eat lightly during labor as they desired, or to have water only.

No differences were found in the primary end point: spontaneous vaginal delivery (44% in both groups), or in a host of secondary outcomes including duration of labor (698 minutes vs. 718 minutes), medical interventions during labor, instrumental delivery rate, cesarean section rate, augmentation of labor, neonatal Apgar scores, or neonatal admission to a special care baby unit or neonatal intensive care unit.

Vomiting was not more common among women allowed to eat light foods, 18% of whom

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Gynecologic Ca Patients May Face Colorectal Risk

BY JANE SALODOF
MACNEIL
Senior Editor

SAN DIEGO — More attention needs to be paid to the risk of hereditary colorectal cancer in women diagnosed with endometrial and ovarian cancers—and vice versa—according to studies reported at the annual meeting of the Society of Gynecologic Oncologists.

Investigators from the University of Alabama, Birmingham, urged that all endometrial cancer patients younger than 50 years be screened for hereditary nonpoly-

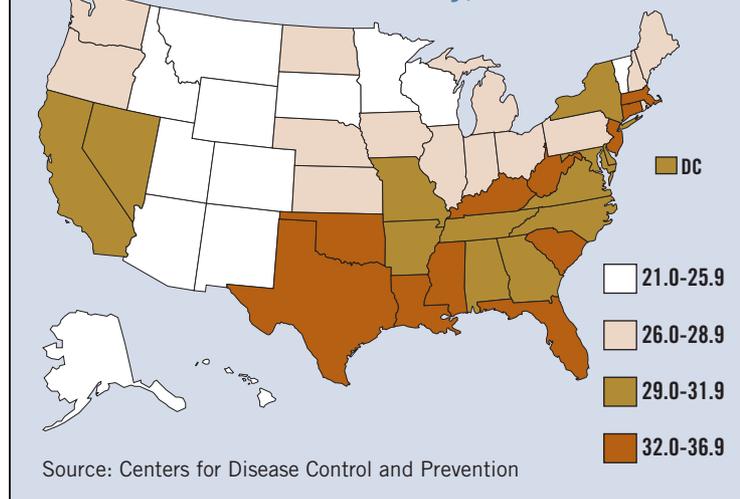
posis colorectal cancer (HNPCC) mutations. Another group, from the Roswell Park Cancer Institute in Buffalo, N.Y., recommended that HNPCC, also known as Lynch syndrome, be considered when evaluating patients who have a family history of ovarian cancer but do not screen positive for BRCA gene mutations.

For women diagnosed with HNPCC, researchers at the University of California, San Francisco, reported that prophylactic hysterectomy with bilateral salpingo-oophorectomy would be more cost effective than annual

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VITAL SIGNS

Percentage of All Live Births by Cesarean Delivery, 2005



ELSEVIER GLOBAL MEDICAL NEWS

Fear of Aspiration Is Obsolete

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vomited once and 17% of whom vomited more than once, compared with 17% and 17% of women in the water-only cohort.

The most feared complication of food intake during labor—pulmonary aspiration of gastric contents, especially while under general anesthesia—did not occur, said Dr. Liu in an interview at the meeting.

Hospital and physician policies prohibiting food intake during labor were established in the late 1940s out of fear of the potentially fatal complication. However, anesthesia during labor has changed dramatically in 50 years, with few women undergoing general anesthesia.

In a recent survey conducted by the U.K. Department of Health, where a liberal food intake policy in labor is common, one case of fatal pulmonary aspiration occurred in 2 million deliveries, said Dr. Liu. Not all women desire food during labor, she noted. "In our experience, about 30% spontaneously wanted to eat."

Most preferred light items such as toast or fruits and vegetables. "When labor reached the second stage, very few wanted to eat," Dr. Liu said.

Rates Excellent

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as well to transfer only one or two embryos, she said.

"We had two sets of triplets this year and they were both in women with failed transfer of two embryos," said Dr. Bocca of the medical school's department of reproductive medicine.

In the study, a total of 297 pregnancies were achieved in 459 fresh cycles and 107 subsequent frozen/thawed cycles.

Patients included women 35 or younger if they were using their own oocytes. Oocyte donors were less than 32 years old.

All women were stimulated with a combination of a GnRH agonist and recombinant FSH and at least nine mature oocytes were harvested. Selected embryos were transferred on day 3 and remaining concepts of good quality were cryopreserved.

Among fresh IVF cycles, the clinical pregnancy rates for two- and three-embryo transfers, respectively, were 57% and 52%, while the implantation rates were 36% and 26%.

For frozen/thawed IVF cycles, the respective IVF pregnancy rates were 52% and 50%; the implantation rates, 29% and 26%. All differences between the two- and three-embryo pregnancy and implantation rates were insignificant.

Among oocyte donors, clinical pregnancy rates and implantation rates were similar in two- and three-embryo transfers as well.

Differences in total reproductive potential per cycle for two- and three-embryo transfers were also insignificant: 78% and 60%, respectively, for 269 IVF cycles and 53% and 57%, respectively, for 190 oocyte donation cycles.

Dr. Bocca's coinvestigators were Dr. Sergio Oehninger, reproductive medicine division director, and Dr. Laurel Stadtmuer. ■

After delivery, a randomly selected subgroup of 152 patients answered questions about the overall labor experience. Those who had received food at will were significantly more satisfied overall.

Two U.S. physicians attending the meeting agreed that mounting evidence suggests the issue deserves revisiting.

"Many, many women in the post-World War II era received twilight sleep," said Dr. Wayne Cohen, chairman of obstetrics and gynecology at Jamaica Medical Center,

and professor of clinical obstetrics and gynecology at Cornell University, both in New York. "Vomiting is more dangerous for anyone on sedatives, and everyone got a lot of narcotics." In today's obstetric world of epidural anesthesia, pulmonary aspiration is so rare it would be difficult to study, he said. "I strongly suspect it doesn't make much difference if women eat something light and easy to digest."

Dr. Susan Reed of the department of women's health at the University of Washington, Seattle, agreed.

"It wasn't a bad theory, but we've come beyond that, and it may be time to reconsider these policies," she said.

Both U.S. physicians said considerable disagreement exists within hospitals about policies concerning food during labor. Obstetricians, anesthesiologists, and nurses often hold contrary positions, and compromises have to be made, they said.

Medicolegal issues likely play a role.

"If a woman ate a Big Mac, vomited and aspirated, the lawsuit would be catastrophic," Dr. Cohen said.

Dr. Liu, a postdoctoral fellow in the division of reproduction and endocrinology at King's College, London, presented the study on behalf of associates at King's College, St. Thomas' Hospital, London, and Queen Mary's Hospital, Sidcup, England. ■

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