African countries, with rates of less than 59% of all live births internationally. Their sample covered 199,916 deliveries in 42 countries between 1994 and 2002—equal to about 59% of all live births internationally. Cesarean rates were very low among the poor and increased with income. In Latin American countries the number of c-sections was found to far exceed the 15% WHO recommendations, e.g., in Brazil the rate was 77% for rich women, with an overall rate of 51.2%. On the other end of the spectrum were a number of developing African countries, with rates of less than 5%, even for women who were well-off. The authors pointed out the need for medically necessary c-sections as a way to reduce maternal and neonatal mortality, and noted that universal health care would provide a better way to allocate services fairly. *Lancet* 368: 1516–23.

Breastfeeding

Breastfeeding Reduces Risk of Celiac Disease

Celiac disease (CD), or gluten intolerance, causes intestinal malabsorption of cereal grains such as wheat, rye and barley. Scientists speculate that it is caused by an environmental factor, such as early feeding. In order to determine the effect of early infant feeding practices on the development of CD, i.e., the impact of breastfeeding versus no breastfeeding; the duration of breastfeeding; and the effect of breastfeeding while introducing gluten-containing foods, the authors of one study reviewed the literature available on breastfeeding and CD. A retrospective review of six articles found that children with CD were breastfed for a much shorter time than those without. Babies who were being breastfed when they first received gluten had a 52% decrease in risk of developing CD compared to those not breastfeeding.

The researchers suggest that this is because breastfeeding limits the amount of gluten the child receives as well as protecting against intestinal infection. (Infections can make the gut more permeable, allowing more gluten in.) *Arch Dis Child* 91: 39–43.

Breastfeeding Related to Greater Adult Stature

Follow up of a study of 2995 children in Britain in the late 1930s compared body mass index (BMI) and stature in adulthood between those who were bottle-fed versus breastfed. No differences were seen in BMI. In terms of height, those who were breastfed were taller in childhood and adulthood. Leg length was the factor that was most significant in height. The authors point out that since stature relates to health and life expectancy, further investigation should be carried out. *Arch Dis Child (Fetal and Neonatal Edition)* 87: F193.

Primal Health

Use of Nitrous Oxide in Childbirth

A study of the birth records of 200 amphetamine addicts in Sweden showed a correlation between the duration of intermittent administration of pure nitrous oxide and likelihood of later addiction. The researchers found the risk to be 5.6 times greater when nitrous oxide had been administered for 4.5 hours or more. They explained the results as an effect of early imprinting. *Acta Obstet Gynecol Scand* 67(8): 677–82.

For a comprehensive discussion of nitrous oxide in childbirth, including the potential risk to midwives, see Andrea Robertson’s article “Nitrous Oxide—No Laughing Matter” at www.acegraphics.com.au/articles/andrea27.html.

Prenatal Nicotine Exposure May Hinder Adult Smoking Cessation

Duke University Medical Center researchers, working with rodents, found that those that were exposed to nicotine in utero were more likely to self-administer a higher amount of the drug after being abstinent than those not so exposed. While not done on humans, the study suggested another reason for women not to smoke or use other nicotine-containing products while pregnant. Smoking during pregnancy is already well-known to lead to prematurity and low birth weight, and some studies have linked it to SIDS, ADHD, obesity and smoking as an adult.

The researchers pointed out that different smoking cessation approaches should be used for smokers who were exposed in utero. www.medicalnewstoday.com/medicalnews.php?newsid=61540.

The ONLY original DUTCH birth stool

GRAVITY AT WORK

The deBy Birth Support is a carefully designed birth stool for labor and birth invented by Conny deBy, a midwife from Amsterdam, the Netherlands. It is a light, stainless steel frame made with the comfort of the laboring woman in mind. Prepaid orders only please: Seacoast Midwifery Serv. LCC, deBy Birth Supports, P.O. Box 381, Barrington, NH 03825 $295 plus $20 S&H 603-332-7766 www.birthchair.net

apprenticeship

MEAC NARM CPM MANA

National Midwifery Institute

NationalMidwiferyInstitute.com 802.453.3332

www.midwiferytoday.com