

# Midwifery and Childbirth News

## Health in Pregnancy

### Iron Supplements

#### May Reduce Risk of Infertility

In a study of 18,000 registered nurses between the ages of 24 to 42, 438 were found to have ovulatory infertility. After adjustment for age, smoking, physical activity and diet, those who used iron supplements had an average 40% less risk of ovulatory infertility than those who used none. Those who took the highest doses had an even lower risk. The lead researcher suggested further trials before recommending iron supplements to women who desire to become pregnant. *ACOG News Release*, [www.acog.org/from\\_home/publications/press\\_releases/nr11-01-06-1.cfm](http://www.acog.org/from_home/publications/press_releases/nr11-01-06-1.cfm). Accessed 4 Jan 2007.

### IBD Doubles Risk of Pregnancy Complications

In a retrospective review of 12 studies on the effect of inflammatory bowel disease (IBD) on pregnancy showed that the chances of a pregnancy complication was nearly doubled. Two-thirds of the women who had participated in the studies had Crohn's disease, while the rest had ulcerative colitis. Complications included prematurity and low birth weight.

Women with IBD were also 1.5 times as likely to have had a caesarean section as women without IBD. In addition, the rate of congenital birth defects in babies born to mothers with IBD was more than twice as high. The risks were found to be higher when women with IBD become pregnant during an active bout of disease. [www.medicalnewstoday.com/medicalnews.php?newsid=59604](http://www.medicalnewstoday.com/medicalnews.php?newsid=59604). Accessed 4 Jan 2007.

### OTC Doppler Fetoscopes Denied

The American Institute of Ultrasound in Medicine (AIUM) stated its support of the decision of the US Food and Drug Administration (FDA) to deny a request that to allow over-the-counter (OTC) sales of Doppler "fetoscopes." They had previously testified at a public hearing that they "strongly [discourage] the nonmedical

use of ultrasound, and although there are no confirmed biological effects on patients caused by exposure from present diagnostic ultrasound incidents, the possibility exists that such biological effects may be identified in the future." They also noted that home use has no benefit to the consumer. These devices are still available by prescription. [www.medicalnewstoday.com/medicalnews.php?newsid=54794](http://www.medicalnewstoday.com/medicalnews.php?newsid=54794). Accessed 8 Nov 2006. (Editor's Note: For more on the dangers of ultrasound, see [www.midwiferytoday.com/articles/ultrasoundrodgers.asp](http://www.midwiferytoday.com/articles/ultrasoundrodgers.asp).)

## Birth

### Patient Choice Vaginal Delivery

The *Annals of Family Medicine* published an interesting opinion piece by two physicians (one a family physician and one an obstetrician/gynecologist) entitled "Patient-Choice Vaginal Delivery?" It was in response to ACOG's formal opinion published last year, supporting obstetricians who perform elective c-sections and citing the ethical premises of patient autonomy and informed consent.

The authors point to the fact that such ethical premises are glaringly absent from decision-making by the same physicians in relation to vaginal deliveries for breech babies or those after a prior c-section. This well-thought-out piece notes the continuing pattern by obstetricians of trying out a practice and turning it into a standard of care before any evidence-based research has been completed and risks determined (e.g., episiotomy, continuous fetal monitoring).

Clearly the only winners in this scenario are the obstetrician/surgeons and the hospital, as they continue to narrow women's choices when it comes to childbirth. The authors sum the current situation up by stating that before we universally accept the right of women to choose an elective c-section, "we need to ask ourselves whether this issue is really about patient choice. If we agree that it is, then we ought also to support patient choice in situations that allow them to choose vaginal birth." [\[annfammed.org/cgi/content/full/4/3/265\]\(http://annfammed.org/cgi/content/full/4/3/265\). Accessed 27 Dec 2006.](http://www</a></p></div><div data-bbox=)

### Oxytocin Protects Baby's Brain during Birth

A study comparing brain tissue in rats born via c-section with those born normally supported a theory that oxytocin "quiets" brain cells, thereby preventing brain damage that might occur during a lengthy or difficult delivery. The oxytocin, which is released during labor, temporarily reduces the baby's need for oxygen.

The researchers also speculated that oxytocin, which is produced during labor but is absent in elective cesareans, might encourage brain cell maturation. As expected, the MDs commenting on the results of the study didn't believe the results should be used as a reason to avoid elective c-sections. *New Scientist*. [www.newscientist.com/channel/sex/dn10805-maternal-hormone-protects-babys-brain-during-birth.html](http://www.newscientist.com/channel/sex/dn10805-maternal-hormone-protects-babys-brain-during-birth.html). Accessed 3 Jan 2006.

### Another Useless High-tech Intervention in Birth

A study of fetal oxygen saturation monitoring, which was designed to be used with electronic fetal monitoring, showed that it is not effective in interpreting the meaning of abnormal fetal heart rates. The study found that "abnormal" oxygen readings were common in babies with both normal and abnormal heart rates during labor and delivery. The study authors also noted that electronic fetal heart rate monitoring, although used widely, has not been proven to be effective either.

The FDA had granted approval of the OxiFirst Fetal Oxygen Saturation Monitoring System in 2000, at which time it required additional studies to determine whether it was effective and reduced the chance of a cesarean.

To monitor fetal oxygen saturation, a sensor is inserted by hand through the cervix, after the membranes have ruptured or have been ruptured, and placed against the baby's face. In 6% of the cases, the researchers were unable to position

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