**Pregnancy**

**Pregnancy Lowers HIV Progression Risk**

In a study supported by the National Institutes for Health, pregnant women who are infected by HIV were found to have a lower risk of progression to AIDS and death. Vanderbilt University Medical Center, where the study was done, reported that the difference between the results of this study and earlier ones where pregnancy was found to have the opposite effect the use of highly active anti-retroviral therapy (HAART).

The study looked at 759 women, treated between 1997 and 2004 in Nashville, Tennessee, 139 of whom became pregnant during that time. It also found that women who became pregnant more than once did even better than those who were pregnant just one time. The researchers are unsure of what about pregnancy conferred protection. They speculated that being pregnant and participating in this study may have increased women's compliance with their treatment regimen and improved their nutrition, as well as provided benefits by virtue of the intensive care provided. www.mc.vanderbilt.edu/reporter/index.html?ID=5793. Accessed 5 Oct 2007.

**Birth**

**Uterine Rupture: Risk Factors and Neonatal Consequences**

New research done in Sweden found that the risk of uterine rupture is significantly increased in subsequent births after a c-section. This risk is increased by labor induction, postdates, high birth weight and older moms. The study showed that the emergency cesarean rate after a prior cesarean was more than 10 times that of women whose prior birth was vaginal. In women whose labors were induced, the risk of uterine rupture double that of women with spontaneous labor, regardless of prior c-section status.

Uterine rupture was also found to be higher in women whose babies were born at 42 weeks or more, than for those whose babies were born at 37-41 weeks. Likewise, women whose babies weighed more than 8 lb 13 oz were twice as likely to have a uterine rupture than those with lighter babies.

The risk of neonatal death when a uterine rupture occurred during a second delivery was found to have a 60-fold increase. Researchers also looked at uterine rupture in the second delivery and neonatal mortality and found a dramatic 60-fold increase in risk. Fourteen neonatal deaths occurred in the 274 women who experienced uterine rupture; the neonatal death rate in women without uterine rupture was 1.4 per 1000. With the rates of cesareans and labor induction creeping up, the rate of uterine rupture, while still rare, will only go higher or women will be forced to deliver prema-

**Progestosterone Does Not Prevent Twin Preterm Birth**

Progesterone therapy does not reduce the chances of preterm birth in women pregnant with twins, according to a NIH-sponsored study of 655 women. A previous study had shown it to be effective in cases where women were pregnant with a single baby after previously delivering a preterm single baby. After the initial study showed progesterone therapy could reduce the likelihood of preterm birth in women carrying a single baby and who had previously given birth prematurely, many physicians began prescribing the therapy for women pregnant with twins and for other categories of women at risk for preterm birth as well.

Women receiving placebo in this study fared slightly better than those receiving the progesterone: 37.3 on placebo had a preterm birth, stillbirth or miscarriage compared to 41.5 on pro
gesterone. Other characteristics of the moms were similar. According to the researcher, more than half of women pregnant with twins deliver prematurely and make up one in seven infant deaths.

The study on the effectiveness continues in other groups of women at risk for preterm birth, such as those with shortened cervixes and women pregnant with triplets. NEJM 357: 454-61.

**Breastfeeding**

**Unusual Risk Found with Codeine Use in Some Nursing Moms**

An FDA Alert reported on a very rare, but serious, side effect in nursing infants whose mothers are taking codeine and are ultra-rapid metabolizers of codeine. Women with this genotype convert codeine to morphine more rapidly than most people, which leads to high breast milk morphine levels. In at least one case, an infant died from such an overdose.

In order to prevent morphine overdose in such babies, FDA recommends that when physicians prescribe codeine-containing drugs to nursing women, they should inform them the potential risks and the signs of morphine overdose. Nursing women taking codeine need to carefully watch their infants for signs of morphine overdose and seek medi-