



The Stork

Frozen in Time

SLOG

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With snow-covered mountains, dreams of peace and serenity prevail...Yet, it seems that we are in a true “winter freeze”; those dreams seem as unattainable as ever, our lives are at a standstill, concerns about our unknown future and that of our children’s in this beloved land of ours dominate our lives...At the same time, the rest of world is progressing into the future, with this being a most exciting time in our specialty. So much research is being accomplished to better the lives of the future generations of mothers and children. The tip of the iceberg is just beginning to emerge in the unlimited potential of evaluating fetal cell-free ribonucleic acids in the maternal circulation, and first trimester ultrasound is gaining further value in its ability to detect 2/3 of all fetal structural abnormalities. And with the recently introduced automation in ultrasound for the detection of fetal congenital heart disease, the future is here today...As to us, even though we are physically “frozen in time”, at the mercy of the politicians, our minds are free to wander and expand. We will stay abreast with the advances that are being accomplished all over the world, and we will continue with our mission, as challenging as it may be, to better the future of our mothers and children. We dedicate this issue of Stork to the perseverance of our “snow-filled peaceful dreams”, and we retaliate by planning many scientific sessions all over Lebanon, and by planning our Society’s 50th anniversary congress this coming October. We also present to you our own GBS guidelines prepared by Dr. Seoud after the highly scientific session that was presented at our annual congress in November. We also bring to you our first summary of a Lebanese published study and we share with you the highlights from the annual meeting of the Society of Maternal Fetal Medicine “The Pregnancy Meeting”. After the freeze is always a meltdown. Together we shall endure...

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Bisphosphonates-Induced Pain

The FDA has issued a warning Jan 2008 against bisphosphonates, such as Actonel and Fosamax, in inducing incapacitating joint, bone and musculoskeletal pain. This pain may commence within days, months or even years of use. The risk factors for such pain remain unknown. However, discontinuing the drugs may lead to complete or partial resolution of symptoms. Physicians should be on high alert for these symptoms in their patients and should consider aborting therapy in case they do occur. For more information, please refer to www.fda.gov/cder/drug/InfoSheets/HCP/bisphosphonatesHCP.htm.

Codeine Containing Analgesics in Nursing Mothers

The FDA has issued a warning against codeine containing narcotics in breast feeding mothers. It seems that there are certain mothers who are ultra rapid metabolizers of codeine (a genetic condition). These women have extremely high levels of morphine in their breast milk after ingesting very small amounts of codeine. Physicians and mothers must be on high alert for signs of overdose in babies such as limpness, breathing and feeding difficulties, and increased sleepiness. Caution must be exerted in prescribing these medications for episiotomy and cesarean section pain. For further info, please refer to www.fda.gov/cder/infopage/codein/default.htm.

Prenatal Group B Streptococcus Screening in Lebanon: Time to Adopt a Universal Policy

Prevalence and Risk Factors: Group B streptococci (GBS) infection is one of the leading causes of morbidity and mortality in newborns and is a main etiological factor for neonatal bacterial sepsis. *Streptococcus agalactiae* inhabits the GU and GI tracts of pregnant women and is usually asymptomatic. However, GBS might result in urinary tract infections, chorioamnionitis, puerperal endometritis, and wound infections. A significant geographic variation in GBS colonization during pregnancy is reported. Neonates acquire GBS through vertical transmission from the mother. The rate of colonized infants born to colonized women ranges between 40-70%. The intrapartum fetal transmission may lead to invasive disease in 1-2 infants/1000 live births. This usually presents as early-onset sepsis, pulmonary infection, and meningitis with a case fatality rate ranging from 10-20%.

In August 2002, the Center for Disease Control and Prevention (CDC) guidelines were revised to recommend universal prenatal screening for vaginal and rectal GBS colonization of all pregnant women at 35-37 weeks of gestation. The previous risk-factor based strategy (adopted in 1996 by the CDC) failed to identify ~50% of the neonates who tested positive for GBS. In the USA, a 65% decrease in the incidence of the GBS disease was observed following the implementation of these guidelines. However, studies show that the prevalence of GBS and suitable prevention strategies vary in different countries and depend on the local incidence of GBS in women and infants. Thus, it is recommended that integrated obstetrical and neonatal regimens, appropriate to the population studied, be applied.

In Lebanon, there is a lack of uniform policy for GBS testing among pregnant women. Only one study, conducted in 1996 on 166 pregnant women, in one hospital in Beirut, showed a GBS prevalence rate of 7.8%. The National Collaborative Perinatal Neonatal Network (NCPNN) recently concluded a study to determine the prevalence, risk factors, and perinatal transmission to newborn infants in order to help the implementation of an antepartum GBS screening in Lebanon.

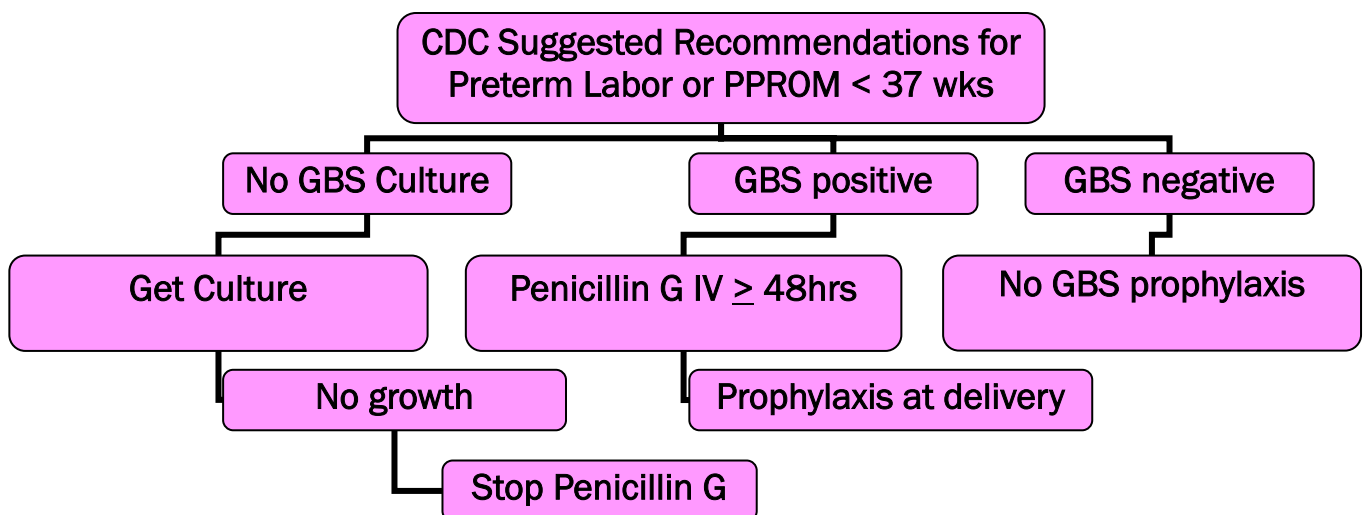
Methods: This was a cross-sectional study of all pregnant women admitted from Feb-Sep 2004 to three major hospitals in Beirut (AUB Medical Center, Hotel Dieu de France and Makased General Hospital), members of the NCPNN. Lower vaginal and rectal swabs were taken and were cultured on sheep blood agar.

Results: 775 pregnant women and 682 newborns were tested. Overall, 137 of 775 (17.7%) mothers and 50 of 682 newborns (7.3%) tested positive for GBS. Maternal GBS colonization was not associated with maternal age, household income, gravidity, intrapartum fever, preterm labor, or premature rupture of membranes. Forty newborns tested positive out of 120 positive mothers (30% transmission rate). The GBS colonization rate reported in our study seems to be higher than neighboring countries such as the UAE (10.1%) and Kuwait (14.6%), but lower than that reported in Saudi Arabia (27.6%) and Jordan (30%). Our study failed to show any correlation between previously established risk factors including maternal age, gravidity, socioeconomic status, urinary tract infections, and a prior history of pregnancy losses and GBS colonization. Since then, continuous monitoring in the AUB-MC lab has shown a steady rate of colonization of around 17%.

Conclusions: In conclusion, our results indicate a relatively high prevalence of GBS colonization among pregnant women in Lebanon with no significant risk factors identified for its acquisition. On the basis of the recognized benefits of prenatal screening, it is justifiable to adopt a national policy for universal screening of all pregnant women to reduce the risk of morbidity and mortality in newborn infants.

Suggested GBS screening policy for Lebanon:

- 1- Endorse the ACOG, CDC, AAP recommendations for adopting a UNIVERSAL culture-based strategy
- 2- Risk based-strategy is no longer acceptable except when cultures are not available at delivery
- 3- Women with GBS bacteriuria or a prior infant with GBS disease DO NOT need cultures. They should receive antibiotics
- 4- Discourage hybrid policies (ie give antibiotics to women with ROM >18 hrs with negative cultures at 35-37 weeks)
- 5- Antibiotics are not recommended for GBS positive women at the time of elective C/S
- 6- Insufficient data exists for patients with PTL and PPROM and on the timing of intrapartum prophylaxis (see CDC recommendations as listed below)
- 7- No particular recommendations available concerning stripping of membranes in GBS positive patients
- 8- Endorse the GBS CDC recommendations with PTL or PPROM < 37 wks with risk of imminent delivery
(Schrag et al. Revised CDC guidelines for GBS. MMWR Recommend Rep 2002;51(RR-11):1-22)



Highlights from the 28th Annual Meeting of the Society of Maternal Fetal Medicine, Jan 28-Feb 2, Dallas-Texas



Below are summaries of some of the most clinically relevant studies presented at the annual "Pregnancy Meeting". Detailed information can be found in the Dec 2007 Supplement to the American Journal of Obstetrics and Gynecology.

Folic Acid and Prevention of Preterm Labor

Bukowski et al. Abstract #5

Cohort of 38033 singleton pregnancies in the first trimester. There was a 70% reduction in preterm delivery (PTD) at 20-28 weeks and 50% at 28-32 weeks if 1mg FA was used for over 1 year. No effect on duration of pregnancy beyond 32 weeks or if use was less than 1 year. Equally effective if prior history of PTD.

Dextrose vs NS in Labor Acceleration

Shrivastava et al. Abstract #36

Double-blinded controlled trial of term nulliparae in active labor with singleton pregnancy randomized to NS, NS with 5 or 10% dextrose. 290 patients in the 3 groups completed the study. Time to complete dilatation was 461, 363 and 340 minutes respectively and length of labor was 565, 450 and 413 minutes.

Maternal BMI and Echogenic Bowel (EB) /Echogenic Intracardiac Focus (EIF). Hackmon et al. Abstract #85

Ultrasound signals and image quality have been shown to be attenuated by adiposity. In this study of 144 patients, half of whom were controls and half had EB and/or EIF, an inverse relationship was found between BMI and EB and/or EIF. The study concluded that these may be a reflection of maternal body habitus.

Effect of In Vitro Fertilization on Congenital Heart Disease

Bahtivar et al. Abstract #192

There has been speculation of an increased risk of congenital heart disease in pregnancies conceived by in-vitro-fertilization. This trend can be explained by the increased rate of twinning in the assisted reproduction pregnancies, and hence, the increased risk of congenital heart disease.

Obstetric Complications in Obesity

Bastek et al. Abstract #310

This study analyzed 382 women at term with BMI <25 (40%), 25-25 (45%) and > 35 (15%). Obese women had an increased risk of cesarean delivery irrespective of all other variables.

Maternal Hypercalcemia and Polyhydramnios (PH)

Shani et al. Abstract #410

This is a report of 4 cases of unexplained PH (mean AFI 30.3). All mothers were diagnosed with hypercalcemia due to hyperparathyroidism. Mechanism seems to be fetal polyuria in the hypercalcemic environment. This has not been previously reported and the authors recommend checking maternal Ca levels in cases of unexplained PH.

Routine Urine Dipsticks Not Needed at Every Visit

Borgmeyer et al. Abstract #444

This tradition was evaluated for its ability to identify preeclampsia in the low risk pregnancy. 1660 patients were analyzed. Sensitivity was 33% and specificity 80.6%. The authors conclude that this is an ineffective method in the low risk.

Twin Gap Study: Gender Associated Prematurity

Dailey et al. Abstract #706

Steroid hormones are believed to play a role in initiating parturition and that there are differences among the genders. This study included 51901 pairs of twins delivered between 24-26 weeks. This occurred in 58.7% of the male/male pairs, 55.9% in the male/female pairs and 57.1% in the female/female pairs. The effect was most pronounced at 28-31 weeks.



Stork Announces...Stork Announces...Stork Announces



50th Anniversary of SLOG

This year marks the 50th anniversary of our Society and a unique congress is being planned in association with the Federation of Gyn-Ob Societies of the Mediterranean, International Francophone Congress and the Arab Federation of Gyn-Ob Societies. Mark your calendars for Oct 30 to Nov 2, and be on the lookout for further information.

ISOPIC

ISOPIC continues to expand. Around 30 colleagues joined the initiative in an assembly held Jan 18 in Beirut. The two main ISOPIC records, namely the antenatal record and the basic antenatal package tests, are being circulated for finalization. Both will be piloted in 3 sites: BGUH, St. Georges Hospital, and Sahel hospital. As to the maternity record, that is in the final stages of finalization prior to being adopted nation-wide. We look forward to having more colleagues join us in order to raise the standards of practice, in maternal health in Lebanon.

Member Research

A group of researchers at the American University of Beirut Medical Center (AUB-MC) conducted a study to identify the prevalence of striae gravidarum (SG) in primiparous women and the risk factors associated with developing them. A total of 112 primiparous women delivering at AUB-MC were assessed for presence and severity of SG before discharge from the hospital. Sixty percent of the study participants developed SG during pregnancy. The researchers noted that younger maternal age (26.5 ± 4.5 vs 30.5 ± 4.6 ; $P < 0.001$) and weight gained during pregnancy ($15.6 \text{ kg} \pm 3.9$ vs $38.4 \text{ kg} \pm 2.7$; $P < 0.001$) were associated with developing SG. In addition, birth weight and gestational age at delivery and the mother's family history of SG were associated with the development of moderate/severe SG. The study was published in the January 2007 issue of AJOG.

Osman H, Rubeiz N, Tamim H, Nassar A. Risk factors for the development of striae gravidarum. *American Journal of Obstetrics and Gynecology* 2007;196:62.e1-62.e5.

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NICHD MFMU Network: Follow Up of Children Exposed In Utero to 17 α -Hydroxyprogesterone Caproate Compared with Placebo

This study was carried out by Northen et al and was published in the October issue of "Obstetrics and Gynecology". The aim of the study was to assess whether in utero exposure to 17 α -hydroxyprogesterone caproate led to any adverse fetal effects. The study evaluated 384 offspring of mothers who had participated in a multicenter placebo controlled study of receiving weekly intramuscular 17 α -hydroxyprogesterone caproate versus placebo. Mean follow up was 48 months and was available on 80% of the surviving children. Guardians were questioned about the child's health. In addition, physical examination, developmental screening, as well as gender specific roles, were evaluated. There were no significant differences noted and specifically no genital anomalies were reported. The authors concluded that when administered in the second and third trimester, 17 α -hydroxyprogesterone caproate seems to be safe with no adverse fetal effects.

Tentative Upcoming Local Society Meetings

City	Date	Venue	Topics
Tyre	March	Rest House	OCP/Switch Study
Beirut	March	Phoenicia	Osteoporosis
Tripoli	April	Quality Inn	OCP's
Zahle	April/May	Kadri Hotel	Switch Study/HPV Vaccine
Metn	May/June	Le Royal	Switch Study /Labor Management
Chouf	June	Baakline	HPV Vaccine

Upcoming Congresses

COURSE TITLE	DATES	LOCATION	WEBSITE ADDRESS
6th Annual Advances in 3D/4D ultrasound	April 25-27	Atlanta, Georgia	www.iamc.com
Annual Meeting of the Jordanian Society of Ob/Gyn	May 1-3	Amman, Jordan	
ACOG's Annual Clinical Meeting	May 3-7	New Orleans, Louisiana	www.acog.com
Mediterranean Association of Ultrasound in Ob/Gyn	May 15-17	Ain Al Sukhna, Egypt	www.meduog.com
World Congress of the Fetal Medicine Foundation	June 22-26	Sorrento, Italy	www.fetalmedicine.com
18th World Congress on Ultrasound in Ob/Gyn	August 24-28	Chicago, Illinois	www.isuog2008.com
American Urogynecologic Society	September 4-6	Chicago, Illinois	www.augs.org
European Congress of Perinatal Medicine	September 10-13	Istanbul, Turkey	www.kenes.com/ecpm/
Society of Laproendoscopic Surgeons	September 17-20	Chicago, Illinois	www.sle.org
Royal College of Obstetricians & Gynecologists with American College and Canadian Society of Ob/Gyn	September 17-20	Montreal, Canada	www.rcog2008.com/
North American Menopause Society	September 24-27	Orlando, Florida	www.menopause.org