

**“Men are overtly and covertly dissuaded from applying to Ob/Gyn residencies.”**

## **Show me the data on bed rest for PPRM**

I enjoyed Dr. David F. Lewis' informative article on preterm premature rupture of membranes (PPROM) in the October issue (“PPROM: New strategies for expectant management”). What evidence, if any, supports bed rest with PPRM? And if there is evidence, what is the level of rest it supports: strict, with bathroom privileges, or a bedside commode? If strict, does Dr. Lewis advocate sequential compression stockings? Does he prefer that the patient lie flat, or in the Trendelenberg or reverse Trendelenberg position? My hospital prefers the Trendelenberg, but this seems counterintuitive to me, as I would like to see the fluid run out of the “dirty” vagina, rather than pool at the top near the cervix.

**Stephen Weiss, MD**  
Atlanta

### **Dr. Lewis responds:**

Unfortunately, clinical data do not exist to answer these important questions. When it comes to bed rest, we do know that greater activity increases the number of uterine contractions, which can be detrimental in these patients. I prescribe bed rest with bathroom privileges. I also advocate the use of compression stockings to prevent deep vein thrombosis.

As for the Trendelenberg position, I agree that it seems more likely to cause the contents of the vagina to traverse the cervix and enter the intrauterine cavity, increasing the likelihood of infection, but we lack definitive data about that, too.

The only group I am especially concerned about is women with a nonvertex fetus. There is nothing more stressful than receiving a 3 AM call from the antenatal service about a prolapsed cord!

## **End gender bias in recruitment ads**

Dr. Barbieri's December editorial (“EasyROAD—high road or path of least resistance?”) made no mention of the gender discrepancy in Ob/Gyn residencies, and how men are overtly and covertly dissuaded from applying. This takes many forms, some as blatant as advising male students to apply to other specialties. Others are subtle, such as the discriminatory practices in recruitment ads. For example, in the same issue as this editorial, a recruitment ad lists a “dynamic practice of 3 females seeking additional Ob/Gyn.” I also noted subtle ethnic bias in the same issue, in the ad for a “busy Polish Ob/Gyn practice.”

The Equal Employment Opportunity Commission considers it discriminatory to mention the sex of employees during recruitment. I would like to see OBG MANAGEMENT pledge to follow the Equal Employment Opportunity guidelines, and refuse to submit to pressure from recruiters. Let us encourage strong candidates to enter our specialty regardless of race, sex, religion, ethnic background, or gender orientation.

**Thomas A. Raskauskas, MD**  
Providence, RI

### **Dr. Barbieri responds:**

Although OBG MANAGEMENT's policy has always been not to accept employment advertisements that suggest or condone discrimination, Dr. Raskauskas' comments prompted us to add more explicit language to our guidelines, which now state that “all advertisements for employment must be nondiscriminatory and comply with all applicable laws and regulations. Ads that discriminate against applicants based on sex, age, race, religion, marital status, or physical handicap will not be accepted.”