

At annual meeting, ACOG stresses importance of screening

Experts outline refinements in guidelines, describe 'new' fundamentals of selected screening programs

Offer all gravidas screening for fetal chromosomal abnormalities

All pregnant women, regardless of age, should be offered screening for fetal chromosomal abnormalities. That is the recommendation of a recent American College of Obstetricians and Gynecologists (ACOG) practice bulletin on the topic¹—advice that was reiterated at the 55th annual clinical meeting of ACOG, held in San Diego recently.

In the past, screening was recommended only for women 35 years of age and older, although it was also available to younger women who requested it. Now “all pregnant women will be informed that screening is available, regardless of whether or not they choose to have it,” said James D. Goldberg, MD, medical director of San Francisco Perinatal Associates in California. “Although older women are at higher risk of having a baby with a chromosomal defect, the majority of babies with Down syndrome are born to women younger than 35 because well over 80% of all babies in the US are born to these women,” Goldberg said. He is a member of the ACOG Committee on Practice Bulletins—Obstetrics and immediate past chair of ACOG’s Committee on Genetics.

According to ACOG, Down syndrome screening should occur before 20 weeks’ gestation.

Offer, but don’t require, screening

“There has been some public misunderstanding about the change in ACOG’s guidelines,” said Deborah Driscoll, MD, professor and chair of the department of obstetrics and gynecology at the University of Pennsylvania in Philadelphia and lead author of ACOG’s practice bulletin, “Screening for Fetal Chromosomal Abnormalities.”¹ “We are not recommending that all pregnant women be screened, but rather...that all pregnant women be offered screening...It is entirely up to the patient to decide whether or not she wishes to be screened” (FIGURE 1, page e2).

ACOG recommends that “all pregnant women, regardless of their age, should have the option of diagnostic testing.”

Improvements in biochemical screening tests and ultrasonography for Down syndrome and other chromosomal abnormalities have led to a higher detection rate and fewer falsely positive results, and have strikingly reduced the number of amniocentesis procedures.

Screening is also available for other chromosomal abnormalities such as tri-

Janelle Yates
Senior Editor,
OBG MANAGEMENT

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FIGURE 1

Fetal chromosomal screening is the patient's decision



Dr. Deborah A. Driscoll of the University of Pennsylvania, who helped write the latest ACOG practice bulletin on screening for fetal chromosomal abnormalities, stresses that screening should be offered—but not required—to all pregnant women, regardless of age.

somy 18, trisomy 13, and Turner's syndrome, as well as for neural tube defects. The ACOG guidelines discuss the advantages and disadvantages of each test and some of the variables that determine which test should be offered.

Reference

1. Screening for fetal chromosomal abnormalities. ACOG Practice Bulletin No. 77. American College of Obstetricians and Gynecologists. *Obstet Gynecol.* 2007;109:217-227.

Screen all sexually active young women for *Chlamydia* at least annually

Approximately 2 million cases of *Chlamydia trachomatis* infection go undiagnosed and untreated each year in the United States, even though it is the most commonly reported sexually transmitted disease (STD). That is the disturbing finding highlighted by ACOG at its annual clinical meeting.

“Although ACOG, the Centers for Disease Control and Prevention, and the US Preventive Services Task Force recommend annual screening for *Chlamydia* of all sexually active women age 25 and younger, as well as other asymptomatic women at high risk for infection, studies show it isn't happening,” noted Stanley Zinberg, MD, MS, ACOG's deputy executive vice president and vice president for practice activities in Washington, DC.

“An estimated 60,000 cases of pelvic inflammatory disease (PID), 8,000 cases of chronic pelvic pain, and 7,500 cases of infertility would be prevented annually if the recommended *Chlamydia* screening guidelines were followed,” Dr. Zinberg noted.

ACOG recommends that:

- all women 25 years of age or younger be screened for the STD at least annually
- women who test positive be screened every 3 months
- screening of an adolescent patient at every visit may be appropriate.

A silent disease

About 75% of chlamydial infections in women produce no symptoms or vague symptoms; as a result, many women are unaware they are infected. If they are not treated, as many as 40% of women who have chlamydial infection may develop PID, which can lead to ectopic pregnancy and infertility. One in 5 women with PID becomes infertile.

In 2005, just over 976,000 cases of *C. trachomatis* infection were reported, according to the National Center for Health Statistics. “Statistically, adolescent girls in the United States ages 15–19 have the highest reported rates of *Chlamydia*,” said David E. Soper, MD, professor of obstetrics and gynecology at the Medical University of South Carolina in Charleston.

Dr. Soper noted that almost 50% of women younger than 25 years are being screened in the Medicaid population,

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About 2 million cases of *Chlamydia* go undiagnosed and untreated each year in the United States

compared with only 30% of privately insured patients.

In all 50 states and the District of Columbia, testing and treatment for STDs can be provided to adolescents without parental consent or knowledge.

Pregnant women are at risk

“Chlamydial infections also can cause problems during pregnancy,” said Dr. Laura E. Riley, MD, an expert in infectious diseases and assistant professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School in Boston. “Untreated *Chlamydia* increases the risk of premature rupture of membranes. Babies born to women with *Chlamydia* have a 40% chance of developing conjunctivitis, an infection of the lining of the eye,” Dr. Riley said. “While this problem can be easily treated with medicated eye drops, some babies born to infected women can develop pneumonia, which is very grave for a newborn.”

Treatment is fast and effective

“An important message for everyone, and adolescents in particular, is that screening for *Chlamydia* is as simple as a urine test, and a short course of antibiotics cures it,” Dr. Riley said.

Recommended regimens include:

- azithromycin, 1 g orally in a single dose, OR
- doxycycline, 100 mg orally twice daily for 7 days.

Pregnant women can be treated with the single dose of azithromycin or with 500 mg of oral amoxicillin 3 times daily for 7 days, but should avoid doxycycline.

Retreatment is often necessary, Dr. Riley said. Nonpregnant women do not need a test of cure, but gravidas do—approximately 3 to 4 weeks after treatment.

A new concept in the treatment of *Chlamydia* is “expedited partner therapy,” which involves giving the patient a prescription for treatment of her partner. However, not all states consider this strategy legal, Dr. Riley noted.

ObGyns are first line of defense against maternal depression

Although ObGyns are the physicians most gravidas and new mothers consult for help with medical complaints, including mental health problems, many ObGyns avoid the issue of depression because they feel unqualified to diagnose or treat it. That is the observation made by Paul A. Gluck, MD, associate clinical professor of obstetrics and gynecology at the University of Miami School of Medicine in Florida.

Recent questions about the safety of selective serotonin reuptake inhibitors during pregnancy also may deter ObGyns from taking on the issue. That is one reason ACOG issued a committee opinion on use of the drugs in pregnancy, which was published in December and highlighted at a press conference at the ACOG annual clinical meeting.¹

Dr. Gluck noted that only 2 of 50 ObGyns reported screening women for depression in a recent informal survey. After a program was implemented to increase awareness of the need for screening, that figure rose to 30.

By passing the buck on depression, an ObGyn increases the likelihood that this important complication will go untreated, with potential harm to both mother and infant, said Stanley Zinberg, MD, MS, ACOG deputy executive vice president and vice president for practice activities.

“It is a known medical fact that women are twice as likely to suffer from depression as men are and that women have a 20% risk of developing depression during their lifetime, with that risk peaking during childbearing years,” Dr. Zinberg said. “As ObGyns, we need to look at the bigger picture and understand that good prenatal and postpartum care involves focusing not just on our patients’ physical health but also on their emotional and psychological health.”

Untreated depression has been linked to higher rates of miscarriage, stillbirth, preterm delivery, intrauterine growth re-

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Pregnant women with *Chlamydia* require a test of cure 3 to 4 weeks after treatment

FIGURE 2

Undiagnosed depression puts a pregnancy at risk



"Depressed pregnant women may be delinquent about prenatal care," says Dr. Sharon T. Phelan of the University of New Mexico.

striction, and low birth weight.

"It's widely observed that depressed pregnant women may be delinquent about prenatal care, eat and sleep poorly, and are more likely to self-medicate with alcohol, cigarettes, and drugs, all of which have serious health implications for mom and baby," observed Sharon T. Phelan, MD, professor of obstetrics and gynecology at the University of New Mexico School of Medicine in Albuquerque (FIGURE 2).

As for untreated postpartum depression, it can hinder bonding between a woman and her infant and lead to emotional, social, and cognitive problems in the child later on. And women who have experienced postpartum depression in the past have a heightened risk of recurrence.

Depression often masquerades as a normal sign of pregnancy

Some physicians assume that pregnancy protects women from depression, said Dr. Phelan. Or they assume that postpartum

depression is within a woman's control.

"These are unrealistic expectations and only add to the stigma associated with depression," Dr. Phelan said.

In addition, depression may be hard to diagnose because some of its symptoms overlap with the normal signs of pregnancy and new motherhood.

"Half the battle lies in distinguishing between an exhausted and overwhelmed pregnant woman or new mom versus one suffering from an episode of depression," said Dr. Gluck.

Diagnostic tools are available

"ObGyns' uncertainty about making a diagnosis of depression should not prevent them from screening their patients," said Dr. Gluck. "There are several formal, self-administered tools to assist with the screening process that are both effective and easy to implement. Once depression is accurately diagnosed, ObGyns can refer the patient to mental health specialists who can best manage her depression," he said. Besides screening, physicians need to rule out other health problems.

"I think it is mandatory for us to do the screening because we have the contact," Dr. Gluck said, and Dr. Phelan agreed.

"We need to make this not a closet issue," she said, noting "sometimes patients don't necessarily want to go there, either."

Reference

1. Treatment with selective serotonin reuptake inhibitors during pregnancy. ACOG Committee Opinion No. 354. American College of Obstetricians and Gynecologists. *Obstet Gynecol.* 2006;108:1601-1603.

ACOG joins other organizations in effort to prevent colorectal cancer

ACOG this Spring launched a new education campaign to highlight the dangers of colorectal cancer, the No. 2 cancer killer of US adults and the third leading cause of cancer death among women, behind lung and breast cancers. ACOG officials

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Undiagnosed postpartum depression can hinder bonding between mother and infant and lead to developmental problems in the child

used the annual clinical meeting to call upon ObGyns to educate their patients about the importance of regular colorectal cancer screening.

“Our specialty can make a real contribution by making sure that women understand their risks,” said Benjamin E. Greer, MD, chair of ACOG’s Committee on Gynecologic Practice. He noted that approximately 27,000 women will die this year as a result of colorectal cancer. “An ObGyn is equally likely to see a patient with colorectal cancer as they would any gynecologic cancer.”

Colorectal screening guidelines

ACOG recommends that all women 50 years and older be screened for colorectal cancer using one of the following methods:

- **Every year** using patient-collected fecal occult blood testing (FOBT) or fecal immunochemical testing (FIT). Either test must be performed as a take-home kit; a stool test during the doctor visit is not adequate to detect colorectal cancer.

- **Every 5 years** using flexible sigmoidoscopy with or without annual FOBT or FIT; or double-contrast barium enema.

- **Every 10 years** via colonoscopy.

Women should be screened before the age of 50 if they have one or more of the following risk factors:

- family history of colorectal cancer or adenomatous polyps (a first-degree relative age 60 or younger at diagnosis or 2 or more first-degree relatives affected at any age)
- personal history of colorectal cancer, adenomatous polyps, or inflammatory bowel disease, such as ulcerative colitis or Crohn’s disease
- family history of colorectal cancer syndromes, such as familial adenomatous polyposis or hereditary non-polyposis colorectal cancer.

“When colorectal cancer is detected in its earliest stage, the 5-year survival rate is 90%. However, only 39% of colorec-

tal cancers are detected at this early stage, largely because many individuals simply do not bother to get screened,” observed Dr. Greer.

Women’s access to affordable contraception remains uneven

Although it is a basic health necessity, contraception is still not affordable to many women in the United States. That was the news relayed by 3 prominent ObGyns who spoke on the topic at an ACOG-sponsored press conference in San Diego.

“Whenever we seem to make progress in providing contraceptive coverage to all women, we experience a significant setback like the March 2007 8th Circuit Court of Appeals’ ruling that employers do not have to pay for contraception for their employees,” said Vivian M. Dickerson, MD, past president of ACOG. “This type of judgment sends the message that women’s health-care needs are not taken seriously. When will the US stop treating its women as second-class citizens?”

Contraception is expensive even *with* insurance

“More options than ever exist for safe, effective family planning, yet too many women still face too many hurdles in accessing them,” Dr. Dickerson observed. “Most of the 16.8 million women in need of publicly funded contraceptive services do not have access to proper care. Even women with health insurance have a hard time paying for contraception.”

Although two thirds of women are covered by private insurers, only a minority of these insurers cover contraception.

Unplanned pregnancy can have many consequences

“A sexually active woman who has unprotected sex for 5 years will experience an average of 4.25 unintended pregnancies,” said Rebekah E. Gee, MD, an ObGyn at Philadelphia Veterans Affairs

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A stool test during the doctor visit is not adequate screening for colorectal cancer

Medical Center and Robert Wood Johnson Clinical Scholar at the University of Pennsylvania. “Restricting a woman’s family planning options essentially forces her to accept those unacceptable odds.”

Nearly 50% of US women become pregnant unintentionally at some point in their lives. Of those pregnancies, 31% result in births, and 42% end in abortion. Individuals and agencies concerned about the high abortion rate should help ensure that women have access to contraception, said Dr. Gee, quoting Margaret Chase Smith, who said, “I never heard of a woman who needed an abortion who wasn’t pregnant.”

Dr. Gee also observed that unintended pregnancy is more likely to involve negative maternal behaviors and poor infant outcomes. “Women who

were not planning a pregnancy are less likely to have a prenatal visit during the critical first trimester,” she said. “These women are more apt to continue engaging in behaviors that can be harmful to a pregnancy, such as drinking, smoking, using drugs, and consuming an unbalanced diet that deprives the fetus of vital nutrients. They also tend to have less healthy pregnancies and lower-birth-weight babies.”

ObGyns play a critical role

“We can’t let the recent hard-earned victory in obtaining over-the-counter status for emergency contraception lull us into complacency,” said Dr. Dickerson. “ObGyns must stay vigilant and advocate for affordable access to basic health necessities like contraception.” ■

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42% of unplanned pregnancies end in abortion