

"Troubling news: Maternal mortality is on the rise,"
by Robert L. Barbieri, MD (Editorial, October)

Call for action is premature

I think the statement leading off the October instant poll question, which was based on Dr. Barbieri's editorial, is misleading. It says, "We need action to stem a rise in maternal mortality."

We haven't defined the problem adequately, so prescribing a course of action would be putting the cart before the horse.

Dr. Barbieri correctly states that "the cause of the turnaround (increased maternal mortality) isn't clear-cut." We need better definitions and an understanding of cause and effect rather than a random call for action. Saying better care will result in better outcomes implies a causal relationship between the quality and amount of care and improved clinical outcomes. I'm not sure that relationship will be confirmed by any of the interventions suggested as "needed actions."

Scott Thiele, MD
Midland, Mich

Dr. Barbieri responds:

We need both information and action

I appreciate Dr. Thiele's excellent letter. I agree that more study is needed to understand the cause, or causes, of the increase in maternal mortality reported in the United States. One possibility is that improved reporting is the root cause of the rise in maternal mortality. Dr. Thiele supports the logical sequence of further study of the problem followed by analysis

and action. An alternative is to simultaneously study the problem in greater depth while using the knowledge we possess to propose immediate clinical actions that might reduce maternal mortality.

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO, now known as "The Joint Commission") has recommended that all maternity units undertake regular simulation exercises in labor and delivery, including exercises focused on the response to severe postpartum hemorrhage, a major cause of maternal mortality.¹ This recommendation is based on adverse events that have been reported to the Joint Commission. The Commission believes that simulation exercises will provide a reliable means of assessing and improving the performance of the hospital system.

Rather than withhold all action until more research is completed, I believe the Joint Commission recommendation is wise. In a poll conducted by OBG MANAGEMENT, a minority of respondents indicated that their maternity unit had completed a simulation exercise as recommended in the recent past by the Joint Commission. I worry that, during "our watch," we have permitted the maternal mortality rate to rise. We need to refocus on this serious adverse outcome.

Reference

1. Joint Commission on the Accreditation of Healthcare Organizations. Preventing infant death and injury during delivery. Sentinel Event Alert. Issue 30, July 21, 2004. Available at <http://www.jointcommission.org/SentinelEvents>. Accessed November 13, 2007.



"Prescribing a course of action [to stem a rise in maternal mortality] would be putting the cart before the horse"

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Should Symptomatic Women Be Offered Hormone Therapy?

Background, Needs Assessment, and Review of White Paper

Rogério A. Lobo, MD
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COMMENT & CONTROVERSY CONTINUED

"Endometrial ablation devices: How to make them truly safe," by Michael S. Baggish, MD (September)

Cryoablation is an important option for endometrial ablation

I was delighted to see an article discussing the little-known but serious complications that can be associated with global endometrial ablation technologies. However, I was disturbed to find that only four of the five currently available methods were discussed. Because cryoablation typically produces minimal pain symptoms, it is an important option in an ambulatory gynecologic office setting. Does this mean that there are no complications associated with the cryoablation method? I sincerely doubt it.

Readers of OBG MANAGEMENT should have the benefit of a comparison among all available methods.

Barbara S. Levy, MD
Medical Director, Women's Health Center
Franciscan Health System
Federal Way, Wash

Dr. Baggish responds:

Article was based on a study that was limited to four devices

Our survey of Food and Drug Administration data did not find sufficient information on cryoablation; therefore, the technique was not included in the study upon which the OBG MANAGEMENT article was based.¹

That should not be interpreted to mean that cryoablation is free of complications. Early studies in the United Kingdom reported at least one case of septicemia with a cryoablation device.

I would also like to point out that our original study¹ did not mention several other devices, such as Cavaterm, and that the OBG MANAGEMENT article was never intended to be an "all-inclusive" review or meta-analysis or to endorse any particular technique or device.

Reference

1. Baggish MS, Savells A. Complications associated with minimally invasive nonhysteroscopic endometrial ablation techniques. *J Gynecol Surg.* 2007;23:7-12.

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