

POLICY & PRACTICE

Noncoital Sex Risk Counseling Urged

Physicians need to speak frankly with their patients about sex, including the risks associated with noncoital sexual activity, according to a recent committee opinion from the American College of Obstetricians and Gynecologists. "Noncoital sexual activity is not necessarily 'safe sex,'" according to the opinion issued jointly by ACOG's Committee on Adolescent Health Care and its Committee on Gynecologic Practice. ACOG advised physicians to ask direct questions about oral or anal sex and mutual masturbation, as well as the number and gender of a patient's sexual partners. Physicians should then offer individualized counseling aimed at reducing the risk factors for sexually transmitted infections. For example, some strategies include encouraging correct and consistent use of condoms both for vaginal and anal sex, mutual monogamy, limiting the number of sex partners, and undergoing STD testing before sex with a new partner. The opinion was published in this month's issue of *Obstetrics & Gynecology* (112:735-7).

YouTube Positive on HPV Vaccine

About three-quarters of video clips about human papillomavirus vaccination on YouTube portray it in a positive way, according to an analysis of videos from the site. Researchers from the University of Tennessee, Knoxville, searched YouTube (www.youtube.com) on Feb. 8, 2008, using the keywords Gardasil, cervical cancer vaccination, and HPV vaccination; they identified 418 video clips. They analyzed 146 unique video clips after excluding duplicates and non-English language clips. Of the 146 clips included in the analysis, 109 were considered positive toward HPV vaccination and 37 were viewed as portraying HPV vaccination negatively. Most of the videos analyzed were created by YouTube members, while the rest were mostly from news coverage, commercials, or lectures. These results are "encouraging," the researchers wrote, because other vaccination information found on the Internet tends to be negative. The findings were published online last month in the *American Journal of Preventive Medicine* (doi: 10.1016/j.amepre.2008.06.029).

Label Changes Proposed for Pregnancy

The Food and Drug Administration's proposed changes to prescription drug labeling regarding risks during pregnancy and lactation could improve treatment decisions and health outcomes, according to the Society for Women's Health Research (SWHR). Current labeling leaves women and health care providers wondering whether a medication poses a risk to the fetus or nursing infant, SWHR said. Under the FDA proposal, issued in May, the agency would do away with the current pregnancy categories of A, B, C, D, and X, and include a risk summary in the pregnancy and lactation subsections of the labeling. The SWHR also called for more research to understand how medical treatments affect pregnant women and their children.

Ethnic Disparities Affect Abortion Rate

The higher rate of abortion among African American and Hispanic women

is attributable to racial and ethnic disparities, not aggressive marketing by abortion providers in minority communities, according to an analysis by the Guttmacher Institute. Susan A. Cohen, the report author and director of government affairs at the institute, asserted that the abortion rate is simply a reflection of the high rate of unintended pregnancy among minority groups. Among African American women, for example, the rate of unintended pregnancy is 98 per 1,000 women aged 15-44 years, compared with 35 per 1,000 women for white

women. The pattern of abortion rates tends to mirror these figures, according to the analysis. The abortion rate for African American women is 50 per 1,000 women, compared with 11 per 1,000 women among white women. One factor is that minority women have disproportionately low incomes and may be unable to afford prescription contraceptives with high up-front costs such as IUDs, according to the analysis.

Centers Excel in Preventive Care

Community health centers outperform other primary care providers in the use of preventive care, even though they have a

more vulnerable patient population, according to a study from George Washington University. The analysis showed that health centers, which primarily serve Medicaid and uninsured patients, achieved significantly higher levels of preventive health care—in some cases up to 22% higher—in key areas, including screening for diabetes, breast cancer, cervical cancer, and hypertension. The study used data from the Medical Expenditure Panel Survey to compare use of preventive services by adults aged 25-64 years who visited community health centers and other sources of care.

—Mary Ellen Schneider

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