Severe HG May Lead to Termination, Sequelae

BY BETSY BATES
Los Angeles Bureau

San Diego — Almost a quarter of 505 women with hyperemesis gravidarum reported voluntarily terminating at least one pregnancy solely because of the severity of the condition, an international survey found.

More than 12% of women said they had terminated more than one pregnancy secondary to hyperemesis gravidarum (HG), and 30% said they feared future pregnancies because of the extreme nausea and vomiting they suffered previously in pregnancy.

Rates of termination among the 344 American women (27%) were roughly equal to rates of the group as a whole, which had about a 25% termination rate. "It was quite startling," Dr. Borzouyeh Poursharif said of the finding concerning pregnancy termination.

Dr. Poursharif, a research fellow at the University of Southern California, Los Angeles, along with coinvestigators from USC and the National Institute of Child Health and Human Development's perinatology research branch in Detroit, analyzed registry data and results of an online survey conducted by the Hyperemesis Education and Research Foundation. They reported their results in a series of three posters at the annual meeting of the American College of Obstetricians and Gynecologists.

Among women who had terminated at least one pregnancy because of the condition, 60% perceived a "negative health provider attitude," vs. 28% of those who did not voluntarily terminate a pregnancy, suggesting that physicians may benefit from more education about the severity of the condition and potentially effective treatments and psychosocial support measures, said Dr. Poursharif.

Compared with those who did not terminate pregnancies, women who terminated were less likely to report family or career dysfunction, decreased physical activity, or eating problems, reflecting "the burden of HG on women's lives," the authors concluded.

Among 819 women from 31 countries who registered with the foundation, nearly half reported losing 10%-20% of their prepregnancy weight; only 16% reported losing 5% or less of their prepregnancy weight.

Generally, HG is defined as severe nausea, vomiting and associated symptoms, and a loss of greater than 5% of body weight.

More than a quarter of the women had lost at least 15% of their prepregnancy weight, a cutoff associated with severe complications both during and after pregnancy, Dr. Poursharif said in an interview at the meeting.

One in five women in the registry reported that their symptoms continued until term or beyond.

The 214 women with the greatest weight loss (more than 15%) faced a fivefold elevated risk of renal failure and retinal hemorrhage and fourfold elevated risk of liver dysfunction. Other complications significantly elevated in this group included the diagnosis of gall bladder disease in pregnancy, hematemesis, and neurologic changes.

They were more likely to have received inpatient treatment, intravenous fluids, total parenteral nutrition, and prescriptions for the medication ondansetron (Zofran). This group also experienced significantly more complications, which lasted more than 1 month beyond pregnancy, including nausea, digestive problems, gallbladder disease, insomnia, muscle pain, and food aversions.

Dr. Poursharif emphasized that neither the database nor the online survey results are considered to be representative of all women with HG. "We think that these were people who were so sick, they were desperate enough to search online, [where they] found this site and answered the surveys," he said.

However, he noted that the findings do portray a surprisingly severe portrait of women suffering extreme cases of HG and highlight the need for more research into the true prevalence of the condition in its more extreme forms.

The database revealed that more than 20 treatment options were used by 765 women in 1,193 pregnancies.

Intravenous hydration, antihistamines, bed rest, and alternative therapies (acupuncture, herbal medicines, homeopathy, antinausea wristbands, and chiropractic) were used most frequently over a 20-year period, with the use of ondansetron dramatically increasing since 1990. ■

Allergic Sensitization Is Not Reduced by Breast-Feeding

BY ROBERT FINN
San Francisco Bureau

San Diego — Results from a large randomized trial indicate that greater degrees of breast-feeding exclusivity do not lead to lower levels of allergic sensitization, Dr. Bruce D. Mazer reported in a poster presentation at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

In fact, the study provides some indication that breast-feeding may actually increase sensitization to several common allergens, according to Dr. Mazer of McGill University, Montreal, and his coinvestigators. "There are a lot of good reasons to breast-feed, but prevention of allergic sensitization is not one of them," Dr. Mazer said in an interview.

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The study involved a secondary analysis of the Promotion of Breast-Feeding Intervention Trial (PROBIT) in which 17,046 healthy newborns and their mothers seen at 31 maternity hospitals in the Republic of Belarus were randomized (hospital by hospital) to receive either standard instruction on infant nutrition or enrollment in a program modeled on the Baby-Friendly Hospital Initiative of the World Health Organization and United Nations Children's Fund, which emphasizes health-care worker assistance with initiating and maintaining lactation and breast-feeding.

Among the original findings of that study were that infants of women randomized to the program were far more likely to receive their nutrition exclusively by breast-feeding at follow-up at 3 months and 6 months of age than were infants of women receiving standard instruction.

When these children reached the age of 6.5 years, 13,889 mother-child pairs were identified and approached for further study, which included skin-prick testing and an assessment of allergic symptoms and diagnoses based on the International Study of Asthma and Allergy in Childhood (ISAAC) questionnaire. More than 99% of the mother-child pairs completed the questionnaire, and 11,145 of the children (80%) underwent skin-prick testing.

There were no significant differences between children who had been assigned to the program and those in the control group in their answers to any of the ISAAC questions. In addition, after adjustment for which maternity hospital they had been seen in, there were no significant differences in the percentages of children who tested positive to any of five common allergens.

The investigators noted that six of the maternity hospitals had unusually high rates of positive skin-prick tests. When data from those suspect sites were eliminated from the analysis, the investigators found that children in the program were significantly more likely to have positive skin-prick tests to dust mites, cats, birch pollen, and *Alternaria*, but not to mixed northern grasses.

"Our results underline the importance of seeking other explanations for the recent epidemic of allergy and asthma, and of investigating other potential etiologic factors to develop and test new preventive interventions," the investigators concluded. ■

Raynaud's of the Nipples Often Mistaken for Candida

BY SHERRY BOSCHERT
San Francisco Bureau

San Francisco — With only a handful of case reports in the medical literature, Raynaud's phenomenon of the nipples isn't the first thing that physicians think of when a breast-feeding mother complains of nipple pain.

If there are no signs of infection and no cracks or fissures on the nipples, consider this rare cause of nipple pain, especially if the woman has a history of Raynaud's syndrome, Sharon R. Wiener said at a meeting on antepartum and intrapartum management sponsored by the University of California, San Francisco.

The pain from this vasospasm of the nipples while breast-feeding usually is bilateral, severe, and a spasm-like throb. The nipple usually turns very white but may be blue, purple, or red, said Ms. Wiener, a certified nurse-midwife at the university.

This problem has been misdiagnosed as a candidal infection. Among 12 women in a 2004 case report who ultimately were diagnosed with Raynaud's phenomenon of the nipples, 8 had been treated for candidiasis of the breast. Following them for 4 months and diligently taking detailed histories led to the correct diagnosis and treatment, she said.

A recent patient seen by Ms. Wiener said she had been diagnosed with Raynaud's syndrome about 5 years before her pregnancy. She complained of episodes in which her nipples would become cold and then go into spasms for many hours. "She was very concerned, appropriately, that she was going to have difficulty breast-feeding," Ms. Wiener said.

Sending patients in whom you suspect this problem to a lactation consultant to identify poor latch can support the diagnosis. Alternatively, try applying a cold compress or ice to the nipple to see if it triggers the phenomenon.

It's important to prepare the woman for the effect this may have. "I've done this twice. In one case, I got a dramatic response," she said. "I know this sounds horrible," but it's preferable to prescribing treatment without a firm diagnosis.

The treatment of choice is the calcium channel blocker nifedipine, 5 mg b.i.d. for 2 weeks. "It's very quick acting" and a vasodilator, she said. "The handful that I have treated have responded very well and didn't need a repeat of the prescription. Why that is, I can't tell you."

Raynaud's phenomenon of the nipples has been associated with factors that restrict the blood vessels, including rheumatologic diseases, endocrine diseases, autoimmune diseases, cigarettes, and caffeine.

Advise the patient to avoid exposure to cold, vasoconstricting medications, nicotine, and caffeine. In mild cases, warm compresses or warm showers may suffice as treatment. Topical nitroglycerine appears to be effective treatment in half of all cases. ■

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