Clinical Capsules

Parental Notification

Florida voters recently passed a constitutional amendment that paves the way for required parental notification before a minor can have an abortion. The state's supreme court has twice struck down parental notification laws passed by the state legislature, saying that they run contrary to the privacy clause in the state's constitution. Florida Right to Life, which supported the amendment, said it is important for parents to be involved to ensure their child is receiving proper care. But the American Civil Liberties Union of Florida opposed the amendment, saying that mandating notification can jeopardize teens' health by causing delays that can increase risks to their physical and emotional health. Most teens who have abortions do involve at least one parent, ACLU said, but those who do not often have good reasons for keeping the information private.

Cervical Infection Risk

Use of Depo-Provera was significantly associated with the development of cervical infections in a study of 819 women, said Charles S. Morrison, Ph.D.

Even after adjustment for sexual behavior and demographic traits, including condom use and multiple sex partners, women who used Depo-Provera (medroxyprogesterone) were more likely to develop gonorrhea or chlamydia within a year, compared both with women who used oral contraceptives and controls, said Dr. Morrison of Family Health International, a research organization in Research Triangle Park, N.C.

The use of oral contraceptives was not associated with increased risk or development of infections.

After a mean follow-up of 337 days, 45 women in the prospective cohort study had developed at least one cervical infection. Most of the women were single (77%) and nulliparous (75%). They ranged in age from 15 to 45 years, with a median age of 22 years (Sex. Transm. Dis. 2004;31:561-7).

The researchers calculated risk based on how many women became infected within a year (woman-years) and found a rate of 13.7 infections/100 woman-years in the Depo-Provera group, significantly higher than women in the oral contraceptive group (3.9 infections/100 woman-years) and the control group (6/100 woman-years).

Off-Label Antinausea Drug

Ondansetron is increasingly prescribed off label for nausea and vomiting in pregnancy, and results of a new study suggest it is safe for this indication.

In the prospective observational study, the drug, which is typically used for treating nausea and vomiting in chemotherapy patients, was not associated with an increased risk of fetal malformations, reported Adrienne Einarson, R.N., of the University of Toronto and her colleagues (BJOG 2004;111:940-3).

The investigators studied women exposed to ondansetron (Zofran); other antiemetics, including Diclectin, metoclopramide, phenothiazines, and ginger; and/or no drugs or only drugs known to be nonteratogenic. To date, outcomes from 176 pregnancies in each group have been evaluated.

In the ondansetron group there were 169 live births, 5 miscarriages, and 2 therapeutic abortions. There were six major malformations, for a rate of 3.5%. The mean birth weight was 3,362 g. There were no statistical differences between the three groups in any of the study end points, the investigators said.

Ondansetron appears safe for the fetus, but the investigators noted that the sample size in this study is small and that many more cases would need to be studied before a definitive conclusion about the safety of the drug could be made.

Stretch Genes

Genetic factors appear to play a role in the development of striae gravidarum, rather than prepregnancy weight or increases in weight during pregnancy, Anne Chang, M.D., said at the annual meeting of the Society for Investigative Dermatology in Providence, R.I.

Dr. Chang and her associates surveyed a group of 161 women who had given birth and found that 55% had striae gravidarum (SG), which arose on average at a gestational age of 25 weeks. Ninety percent of the women who reported having SG said that they developed them during their first pregnancy, while 10% said that SG first developed during their second pregnancy.

Women were significantly more likely to develop SG if their mother or other family members had SG, if they had a personal history of breast or thigh striae, or if they were nonwhite. The genetic risk factors identified in the study suggest that an intrinsic dysregulation of elastic fibers may make women prone to developing SG, said Dr. Chang, a dermatology fellow at Stanford (Calif.) University.

—From staff reports