

HOW DO YOU FEEL ABOUT EXPECTANTLY MANAGING A WELL-DATED PREGNANCY PAST 41 WEEKS' GESTATION?

ROBERT L. BARBIERI, MD
(EDITORIAL; FEBRUARY 2019)

Is it reasonable to choose the age of 40 for proposing an anticipation of labor induction?

In physiologic ongoing pregnancies (whether they are spontaneous or autologous in vitro fertilization [IVF] or heterologous IVF), the evidence for anticipating labor induction based upon the only factor of age (after 40 years) is missing. Nonetheless, the number of women becoming pregnant at an older age is expected to increase, and from my perspective, to induce all physiologic pregnancies at term by 41 weeks and 5 days' gestation does not appear to be best practice. I favor the idea of all women aged 40 and older to start labor induction earlier (for instance, to offer labor induction, with proper informed consent, by 41+ 0 and not 41+ 5 through 42+ 0 weeks of pregnancy).

Luca Bernardini, MD
La Spezia, Italy

Dr. Barbieri responds

At Brigham and Women's Hospital in Boston, Massachusetts, our approach is to offer women ≥ 40 years of age induction of labor (IOL) at 39 weeks' gestation, unless there is an obstetric

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Please include the city and state in which you practice.



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contraindication to IOL. We believe that IOL at 39 weeks' gestation is associated with a reduced risk of both cesarean delivery and a new diagnosis of hypertension.¹

Reference

1. Grobman WA, Rice MM, Reddy, UM, et al. Labor induction versus expectant management in low-risk nulliparous women. *N Engl J Med.* 2018;379:513-523.

WHAT IS THE OPTIMAL HORMONAL TREATMENT FOR WOMEN WITH POLYCYSTIC OVARY SYNDROME?

ROBERT L. BARBIERI, MD
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OCs and spironolactone study

I often recommend oral contraceptives (OCs) containing drospirenone for patients with polycystic ovary syndrome (PCOS)-associated mild acne and hirsutism—since OCs are already approved by the US Food and Drug Administration for acne, with similar effects as spironolactone. My patients seem to do well on an OC, and require only one medication. Of course, I would add

spironolactone to the treatment regimen and switch OCs if she was not responding well.

Michael T. Cane, MD
Arlington, Texas

Dr. Barbieri responds

The Endocrine Society agrees with Dr. Cane's approach, recommending the initiation of monotherapy with an estrogen-progestin followed by the addition of spironolactone if 6 months of monotherapy produces insufficient improvement in dermatologic symptoms of PCOS, including hirsutism and acne. Most contraceptives contain 3 mg or 4 mg of drospirenone, which is thought to have antiandrogenic effects similar to spironolactone 25 mg. I believe that spironolactone 100 mg provides more complete and rapid resolution of the dermatologic symptoms caused by PCOS. Hence, I initiate both an estrogen-progestin contraceptive with spironolactone.

Instant Poll

Do you agree that institutions should implement mandatory implicit bias training and policies for inclusion and diversity to address inequities in health care?

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