

## UPDATE

### *AIDS Prevalence Rising...Sterilization and Ectopics...Puberty May Come Early...*

#### **Smoke Gets in Your Placenta**

Smoking during pregnancy has different effects on two placental disorders and uterine bleeding of unknown origin, according to a Canadian study based on 87,184 pregnancies between 1986 and 1993.<sup>1</sup> The investigators examined the relationship between smoking and placental abruption (the premature separation of a normally implanted placenta), placenta previa (in which the placenta obstructs or adjoins the internal opening of the cervix) and uterine bleeding of unknown cause, which is sometimes considered a form of placental abruption. Overall, placental abruption occurred in 10 pregnancies per 1,000, placenta previa in four per 1,000 and bleeding of unknown cause in 59 per 1,000. Women who had smoked while pregnant (33% of the sample) had a greater likelihood than non-smokers of experiencing placental abruption (relative risk, 2.1) and placenta previa (1.4). The number of cigarettes smoked daily did not significantly affect either of these risks. Smokers were not at increased risk of bleeding of unknown cause, which suggests, according to the researchers, that this disorder is not a variant form of placental abruption. The analysts calculate that if pregnant women refrained from smoking, 27% of placental abruption and 12% of placenta previa cases could be avoided.

1. C. V. Ananth, D. A. Savitz and E. R. Luther, "Maternal Cigarette Smoking as a Risk Factor for Placental Abruption, Placenta Previa, and Uterine Bleeding in Pregnancy," *American Journal of Epidemiology*, 144:881-889, 1996.

#### **Welfare Drunks and Other Myths**

Welfare recipients' rates of alcohol and drug problems are similar to rates for the general population and for those not on welfare, according to findings from the 1992 National Longitudinal Alcohol Epidemiologic Survey.<sup>1</sup> Some 4-14% of re-

spondents who were enrolled in any of five assistance programs drank heavily (i.e., consumed, on average, more than two drinks daily) or used drugs without a prescription, compared with 5-15% among the population overall and those not on welfare. Likewise, 1-8% of welfare recipients had more serious problems of alcohol or other drug abuse or dependency, compared with 2-8% of the general population and those not on welfare. Drinking and drug problems were less common among recipients of supplemental security income and Medicaid than among those receiving benefits through food stamps, Aid to Families with Dependent Children or the Special Supplemental Food Program for Women, Infants, and Children. Men were more likely than women to have drinking problems; age differentials varied among the measures and assistance programs. The analysts suggest that although rates of alcohol and drug problems are generally low among welfare recipients, prevention and treatment programs targeted at groups in which these problems are most prevalent would facilitate the goals of work, responsibility and reduced reliance on aid that underlie welfare reform efforts.

1. B. F. Grant and D. A. Dawson, "Alcohol and Drug Use, Abuse, and Dependence Among Welfare Recipients," *American Journal of Public Health*, 86:1450-1454, 1996.

#### **New Approach to Postpartum Care**

Early postpartum hospital discharge, combined with prenatal and postpartum nursing care, has yielded no apparent health disadvantages for Canadian mothers and their infants in a trial program.<sup>1</sup> The program, in which 78 women were enrolled, consisted of a postpartum hospital stay of 6-36 hours, nursing contacts by telephone within 48 hours after delivery and 10 days after the birth, and home visits by a nurse at 34-38 weeks' gestation and three and five days after delivery. Participants were compared with 97 women who received usual care: a 48-72-hour postpartum stay and follow-up as determined by the

woman's and infant's physicians. One month after delivery, the two groups did not differ significantly in perceptions of their own competence as mothers, infants' weight gain, satisfaction with care, prevalence of breastfeeding and use of infant health services. The proportion of infants with excessive levels of bilirubin in the blood did not differ among those tested, but program participants were significantly less likely than those receiving usual care to have had their infant's bilirubin level tested. The investigators stress that because the nurse visits were an "integral part of the program," these findings apply only to programs that include a similar component.

1. A. J. Gagnon et al., "A Randomized Trial of a Program of Early Postpartum Discharge with Nurse Visitation," *American Journal of Obstetrics and Gynecology*, 176:205-211, 1997.

#### **Sterilization: No End to Ectopics**

Sterilization does not eliminate the risk of ectopic pregnancy, even years after the procedure; the highest risks are among women who have undergone bipolar coagulation and those sterilized before age 30.<sup>1</sup> Among 10,685 U.S. women who were sterilized between 1978 and 1986, 47 ectopic pregnancies occurred within 10 years after the operation. The 10-year cumulative probability of ectopic pregnancy was 73 per 1,000 procedures overall; it ranged from 1.5 per 1,000 for women who had had a postpartum partial salpingectomy to 171 per 1,000 for those who had undergone bipolar coagulation. Women sterilized before age 30 were twice as likely as those sterilized at older ages to have an ectopic pregnancy; for younger women, the probability varied substantially according to method (from 1.2 per 1,000 for postpartum partial salpingectomy to 31.9 per 1,000 for bipolar coagulation). The annual rate of ectopic pregnancies did not decline over time. Thus, the researchers emphasize, women considering sterilization "should be informed that ectopic pregnancy may occur long after sterilization"; furthermore, health care

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