

# Results Challenge Pregnancy Weight Gain Advice

BY BETSY BATES

CHICAGO — Virtually any weight gain during pregnancy by obese women with gestational diabetes resulted in high rates of large-for-gestational-age infants, according to a study released at the annual meeting of the American College of Obstetricians and Gynecologists.

Obese women in the investigation who either lost weight or maintained their prepregnancy weight during pregnancy while on a medically supervised low-carbohydrate diet gave birth to babies with “close to normal” birth weights.

They also had the lowest cesarean delivery rates (10.5%), according to study results.

In contrast, more than one in five obese women who gained a modest amount of weight during pregnancy—1-14 pounds—had large-for-gestational-age infants.

The LGA rate increased with more weight gain, accounting for 36% of infants born to women who gained 26-35 pounds, and nearly 40% of those born to

women who gained more than 35 pounds.

“We think this raises questions about current Institute of Medicine recommendations for obese women to gain a minimum of 15 pounds” during pregnancy, said Dr. Deborah L. Conway of the University of Texas Health Science Center at San Antonio.

Dr. Conway explained that her institution carefully monitors women with gestational diabetes and places them on a calorie-controlled, low-carbohydrate diet that includes nutritional counseling.

They also receive glyburide or insulin as necessary to achieve euglycemia.

“Although it wasn’t the intention, we noticed that some of these women didn’t gain weight as you might expect during pregnancy. We weren’t sure that was such a bad thing,” said Dr. Conway

during an interview at the meeting, where her study was presented in poster form.

To better understand gestational weight changes in this group, Dr. Poornima Kaul, a fourth-year resident, analyzed birth weights and pregnancy complications among 302 women with gestational diabetes who had a mean prepregnancy body mass index of 35.6 kg/m<sup>2</sup> and were eligible for vaginal delivery.

The large-for-gestational-age rate among those who lost weight or maintained their prepregnancy weight was 11.8%. The macrosomia rate (weight greater than 4,000 g) among their infants was 8.8%, and the rate of small-for-gestational-age infants was 8.8%.

These rates are “pretty close to normal,” Dr. Conway said.

Infants born to women who gained a

small amount of weight (1-14 pounds) had a 27.3% large-for-gestational-age rate and a 13.6% rate of macrosomia. These women had a 15.1% cesarean delivery rate.

Women who gained 15-25 pounds had rates of large-for-gestational-age, macrosomia, and cesarean delivery of 27.6%, 13.2%, and 23.4%, respectively.

Those who gained 26-35 pounds had rates of large-for-gestational-age, macrosomia, and cesarean delivery of 36.4%, 21.8%, and 26.7%, while rates in women who gained more than 35 pounds were 39.6%, 25%, and 17.2%.

Results from the study suggest that the current IOM guideline for a minimum 15-pound gestational weight gain “appears to reflect the upper limit of acceptable weight gain,” the study authors concluded.

Dr. Conway noted that new gestational weight guidelines are expected soon from the IOM and may reflect trends seen in their study.

Dr. Kaul and Dr. Conway reported no financial disclosures relevant to their study. ■

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## Ultrasound Pinpoints Endometrial Hyperplasia Diagnosis in Adolescents

BY DAMIAN McNAMARA

SAN ANTONIO — Increased endometrial thickness on ultrasound is a strong risk factor for endometrial hyperplasia in adolescent and young women with prolonged, irregular menstrual bleeding.

“There are very scarce data on adolescent women,” Dr. Mee Hwa Lee said. So she and her colleagues retrospectively studied 54 patients (aged 13-20 years) with irregular menstrual bleeding. They each had an endometrial biopsy between 1999 and 2007.

A total of 16 patients (30%) had endometrial hyperplasia (EH) based on endometrial sampling. “Endometrial hyperplasia is not an uncommon condition in adolescent girl patients with irregular menstrual bleeding,” Dr. Lee said at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

Another 30 patients had normal endometrium and 8 had a polyp detected.

Dr. Lee and her associates found three risk factors associated with a significantly higher risk of EH in this population: endometrial thickness of 12 mm or greater (odds ratio, 37.3) and endometrial thickness of 14 mm or greater

(OR, 35.0) on ultrasound, and prolonged vaginal bleeding (OR, 4.33).

“Ultrasonography seems to be an effective test,” Dr. Lee said.

An endometrial thickness of 12 mm or greater was the most sensitive risk factor (sensitivity of 94%, specificity of 84%, positive predictive value of 71%, and negative predictive value of 97%).

A combination of this feature



**Endometrial hyperplasia is not uncommon in adolescent girls with irregular menstrual bleeding.**

DR. LEE

with an abnormal ultrasound endometrial appearance increased the specificity to 97% (but sensitivity is 44%, positive predictive value is 87%, and negative predictive value is 80%).

“The thickness cutoff value of 12 mm is the most reliable for adolescent endometrial hyperplasia,” said Dr. Lee of the department of obstetrics and gynecology, Pundang CHA General Hospital, Pochon CHA University, Gyeonggi do, Korea.

“Endometrial hyperplasia could be ruled out if the endometrial

thickness is less than 10 mm,” she added.

In contrast, body mass index of 25 kg/m<sup>2</sup> or greater, mean age, mean years from menarche, or plasma free testosterone levels were not significantly different in the adolescents with or without EH.

The researchers also looked for clinical risk factors significantly associated with EH. A univariate analysis identified prolonged vaginal bleeding (OR, 4.3), but the significance disappeared on multivariate analysis, Dr. Lee said. “No clinical risk factor assessed in this study showed significance in predicting EH in adolescent patients with irregular menstrual bleeding.”

Physicians recommend an endometrial biopsy for most but not all patients with irregular menstrual bleeding at her institution, Dr. Lee said in response to a question from an attendee. This study supports examination with less invasive ultrasound—it is “not about doing an endometrial biopsy in all patients, but [about] the high proportion of endometrial hyperplasia in this age group,” she noted.

One limitation of the study was its retrospective design, Dr. Lee said. For example, the incidence of EH might be different in a prospective, randomized trial, she said. ■

## Weight Reduction Key to Cutting Endometrial Ca Risk in Obese Patients

BY BRUCE JANCIN

DENVER — Even long-term use of oral contraceptives can’t nullify the substantially increased risk of endometrial cancer conferred by obesity, results of a case-control study show.

“These results highlight the importance of weight reduction in the primary prevention of endometrial cancer,” Dr. Linda S. Cook observed at the annual meeting of the American Association for Cancer Research.

She presented a study of OC use in 542 endometrial cancer patients enrolled in the population-based Alberta (Canada) cancer registry during a recent 3-year period, as well as in 1,032 randomly selected age-matched controls.

As other studies have shown, OC use protected against endometrial cancer. The benefit was duration dependent. Women who used OCs for less than 5 years had an adjusted 26% reduction in endometrial cancer risk relative to never-users, and women with a history of 5 years or more of OC use had a 43%

risk reduction after adjustment for age, body mass index (BMI), parity, menopausal status, and urban versus rural residence, reported Dr. Cook of the University of New Mexico, Albuquerque.

What’s new in this study are the findings on how a history of OC use interacts with parity and BMI to affect endometrial cancer risk. Increasing parity and OC use reduced risk in what appeared to be additive fashion. For example, women with a parity of three or more plus a history of at least 5 years on OCs had an 83% reduction in risk of endometrial cancer compared with nulliparous non-OC users.

On the other hand, endometrial cancer risk climbed with increasing BMI. Overweight women had a greater risk than normal-weight women, and obese women had a higher risk than overweight ones. Even with a history of at least 5 years of OC use, obese women still had a 2.8-fold greater risk of the malignancy than normal-weight non-OC users. ■