Fewer Limits, More Favor for Exercise in Pregnancy

BY MARY ELLEN SCHNEIDER
New York Bureau

New York — What physicians and researchers know for sure about physical activity during pregnancy hasn't changed much since the early 1900s, James M. Pivarnik, Ph.D., said at the annual meeting of the Diabetes in Pregnancy Study Group of North America.

Recommendations from the Handbook for Prospective Mothers, published in 1913, advised pregnant women that the amount of exercise needed cannot be precisely stated, walking is the best kind of exercise, and all kinds of violent exertion should be avoided. Although today's recommendations have been more thoroughly researched, they don't provide women with many more definitive answers, said Dr. Pivarnik, director of the Center for Physical Activity and Health at Michigan State University, East Lansing.

But professional medical societies are generally becoming less conservative in their recommendations about exercise for pregnant women. For example, the American College of Obstetricians and Gynecologists has revised its recommendations three times in the last 2 decades and has moved away from strict limits on physical activity.

In 1985, ACOG released its first exercise guidelines for pregnant women, which included time limits for exercise and recommended that a woman's heart rate not exceed 140 beats per minute. However, even these early guidelines included the disclaimer that physically fit pregnant woman may tolerate a more strenuous program.

"There was actually the dispensation way back then but a lot of people just didn't follow that," Dr. Pivarnik said.

In 1994, ACOG issued updated guidelines that were less cautious and emphasized the benefits of mild to moderate exercise at least 3 days a week. "There was more stress on the health benefits, rather than the fear," he said.

The most recent ACOG guidelines on exercise in pregnancy were issued in 2002 and address activity among recreational and competitive athletes. Specifically, the guidelines recommend that athletes with uncomplicated pregnancies can remain active during pregnancy and should modify their routines as medically indicated. However, since information on strenuous exercise is limited, these women require close medical supervision.

And most pregnant women without medical or obstetric complications can aim to engage in 30 minutes or more of moderate exercise a day, according to the guidelines.

Guidelines issued in Canada in 2003 by the Society of Obstetricians and Gynaecologists of Canada and the Canadian Society for Exercise Physiology take an even more aggressive approach. The joint 2003 guidelines recommend that all women without contraindications should be encouraged to participate in aerobic and strength-conditioning exercises during pregnancy.

But some physicians and nurse-midwives who deal with obstetrics are not up to date on the guidelines and still recommend more conservative approaches, such as not exceeding a heart rate of 140 beats per minute, Dr. Pivarnik said. "There's no evidence that that's the way it should be done," he said. ■

Courtesy Moji Doyle/Prenatal Fitness & Beyond/www.prenatalandbeyond.com

Most pregnant women without medical or obstetric complications can aim to engage in 30 minutes or more of moderate exercise a day.

Triple Antiretroviral Therapy Effective, Safe in Pregnancy

BY PATRICE WENDLING
Chicago Bureau

Toronto — Triple antiretroviral therapy during pregnancy was effective for preventing vertical transmission of HIV to newborns, and was not associated with an increased risk of prematurity, significant growth abnormalities, or malformations in a retrospective cohort of 206 mother-infant pairs, Dr. Sophie Alloul reported in a poster at the annual meeting of the Pediatric Academic Societies.

Nucleoside and nucleotide analogue reverse transcriptase inhibitors were used in 205 (99.5%) mothers, protease inhibitors in 177 (86%), nonnucleoside reverse transcriptase inhibitors in 40 (19%), and zidovudine during labor in 202 (98%). Nelfinavir (Viracept) was the most commonly used protease inhibitor. Most women were treated for a median of 20 weeks before delivery. Among newborns, 97% received a 6-week regimen of zidovudine, lamivudine, and nelfinavir from birth.

The transmission rate in the cohort was 0.5%, with only one infant contracting HIV during the study period of 1997-2005, said Dr. Alloul and her colleagues at Centre Hospitalier Universitaire (CHU) Sainte-Justine, Montreal.

The average gestational age was 38 weeks, and there was one stillbirth. The prevalence of prematurity was 8.5%, and premature infants' median weight was 2,257 g.

Term neonates had a median birth weight of 3,200 g, and 10.3% were small for gestational age (SGA), with a mean weight of 2,208 g. In all, 29 (14%) infants presented with minor malformations.

When compared with a control group of 91 newborns from noninfected, nontreated mothers, the prevalences of prematurity, SGA, and malformations were not significantly different, the authors said.

Centers for Disease Control and Prevention growth parameters—including weight, length, and head circumference—were all within normal range during the first 2 years of life for infants born to treated mothers.

The findings are reassuring, inasmuch as recent data suggest that the use of protease inhibitors is correlated with an increased rate of prematurity in newborns, Dr. Alloul said in an interview.

Triple therapy is now standard of care at CHU Sainte-Justine for all HIV-infected mothers and their offspring, she said. ■

Pregnant Substance Abusers Prefer Integrated Treatment

BY DAMIAN McNAMARA
Miami Bureau

Miami — Women with problematic substance use during pregnancy prefer integrated treatment over separate obstetric and substance-use care, according to a presentation at the annual conference of the American Society of Addiction Medicine.

The investigators found that women attending one of two integrated programs reported feeling less stigmatization about their substance abuse. They also liked the care they received from consistent providers.

In contrast, those who received isolated substance abuse treatment at a traditional center and obstetric care at a general hospital were less satisfied. Those women reported harsh and punitive treatment from hospital staff that made them feel marginalized, Dr. Lisa G. Lefebvre said during an interview at a poster session.

"Because our program is fairly new … we wanted to get an idea of what women thought," said Dr. Lefebvre, an addiction medicine consultant with the department of family and community medicine, University of Toronto. Patients tour the maternity ward in advance, and everyone on the staff is trained to be sensitive to their substance use "The women like this [integrated] model," she said. "They have one doctor who treats pregnancy and everything you'd do for addiction."

In 2005, researchers used focus groups in Toronto to assess satisfaction among women attending one of two integrated programs—the Toronto Center for Substance Use in Pregnancy or the Herzl Family Practice Centre. Transcripts of these sessions were coded for recurring themes.

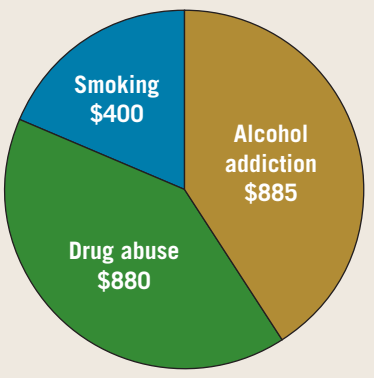
The researchers compared the subjects' satisfaction with that of women recruited from the obstetrics department at a general hospital in 1995. Women in the latter group also attended a community substance use treatment center—the Centre for Addiction and Mental Health's addictions program in Toronto.

Women who attended separate programs were less likely to report a good birth experience or to know their obstetrician at delivery. "They had great addiction care but missed obstetric appointments," Dr. Lefebvre said. Is it possible that the stigma of substance use was worse in 1995? "Even in 2005, when they ended up in another facility, they felt stigma."

Clinicians in the integrated program encouraged the pregnant women to report themselves to child protection services. Surprisingly, many patients used the services as a resource, Dr. Lefebvre commented. ■

DATA WATCH

Worldwide Cost of Nicotine, Alcohol, and Drug Abuse
(in billions of dollars)



Total cost: $2,165 billion

Note: Based on 2005 world market data.
Source: Kalorama Information

Elsevier Global Medical News