

POLICY & PRACTICE

Oral Contraceptive Choice

Women and their physicians should be able to request the type of oral contraceptive they deem most appropriate, whether that is a generic or branded medication, according to a statement from the American College of Obstetricians and Gynecologists. Although generic and branded OCs have been shown to be bioequivalent and pharmaceutically equivalent by the Food and Drug Administration, switching between different generic or branded pills may affect patient compliance, the statement said. The ACOG Committee on Gynecologic Practice issued its opinion on the issue last month. Patients also should be informed when a generic is substituted, the committee said. "Anecdotal evidence shows that switching between brand name and generic OCs or among different brands or generics may lead to incorrect usage, which can cause side effects and pregnancy," Dr. Steven J. Sondheimer, committee vice chair, said in a statement. "Therefore, if a woman has had better results with a specific brand or generic OC she should be able to request and receive that specific medication." The opinion was published in the August issue of *Obstetrics & Gynecology*.

Initial Breast-Feeding Rates Rise

More women are initiating breast-feeding, but the percentage of those who breast-feed exclusively at 3 months is below the national goal of 60%, according to the Centers for Disease Control and Prevention. Data from 2004 (the most current available) show that 74% of women initiated breast-feeding when their infants were born, but only 31% were breast-feeding exclusively at 3 months. By 6 months, only 11% of mothers were exclusively breast-feeding, compared with the national target of 25%. The American Academy of Pediatrics recommends exclusive breast-feeding for the first 6 months of life with a continuation of breast-feeding for the first year and beyond as other foods are introduced. Racial and ethnic disparities also were found. The CDC found that black infants had the lowest rates of exclusive breast-feeding through 3 months with just 20% of mothers continuing to exclusively breast-feed. The report was published in the Aug. 3 issue of the *Morbidity and Mortality Weekly Report*.

Older Women Avoid HIV Tests

Most women age 50 and older aren't interested in being tested for HIV, despite the fact that many are at high or moderate risk for acquiring the virus over their lifetimes, according to a recent study. Researchers performed a secondary analysis of a survey of 514 women age 50 and older who received care at a general internal medicine clinic in Atlanta. Only 22% of the women surveyed were interested in HIV testing even though nearly half were identified as having significant risk factors for exposure over their lifetimes. Despite their actual HIV risk, nearly 75% perceived their HIV risk as low. "In part because of a lack of education and prevention efforts targeted at older populations, older women appear to be less capable of accurately assessing their lifetime risk of HIV even when they have significant risk factors and live in communities with high

rates of infection," Dr. Aletha Akers, lead study author, said in a statement. The study appeared in the July/August issue of the *Journal of Woman's Health* and was funded by the Emory Medical Care Foundation and the Robert Wood Johnson Clinical Foundation.

Immunization Education Missed

Obstetric practices may be missing out on an opportunity to provide information to pregnant patients about childhood immunizations, according to a study published in the September issue of the *American Jour-*

nal of Preventive Medicine. In a survey of 71 obstetric practices, 32% reported providing information on hepatitis B vaccination, and 23% provided information on other child immunizations. However, most practices said they would be willing to provide the information if it were provided to them free of charge. But although most practices weren't providing information on immunizations, 54% reported offering information on other child health topics such as car seats, pets, and circumcision.

Missouri Midwife Law Struck Down

A recent ruling from a Missouri Circuit Court judge will keep lay midwives in the

state from performing childbirth services without supervision. The one-sentence provision, which would have given broad rights to midwives and others who hold a current certification in tocology, was included in legislation regulating health insurance. The midwifery provision was opposed by the Missouri State Medical Association, which said the provision would have lowered the standard of care for childbirth services and endangered the lives of mothers and babies. The judge's ruling invalidates the midwifery provision but allows the remainder of the health insurance law to go into effect.

—Mary Ellen Schneider



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