**Obstetrics** OB. GYN. NEWS . December 1, 2007

## **Study Surprises**

Persistent Pain from page 1

their daily activities, reported Dr. Pan and his associates.

"This goes against the grain of common thinking, which is that C-section is more painful" weeks after delivery, commented Dr. Craig M. Palmer, who comoderated the session at the meeting and is a professor of clinical anesthesiology at the University of Arizona, Tucson.

Previous studies of persistent pain after delivery either were retrospective or included only small cohorts of women

outside the United States. Investigators in one study reported persistent perineal pain 6-24 weeks after vaginal delivery in 4%-7% of women. Researchers in a separate study reported that 18% of women had persistent pain at 3 months post partum and 12% had pain after 10 months.

The current study enrolled women while in the hospital for delivery and had them complete an extensive questionnaire and interview to assess preexisting pain syndromes, psychological factors, and sensory perception and sensitivity. The investigators telephoned patients 8 weeks later to assess the presence of pain related to delivery, its severity and location, its impact on daily living, and the presence of clinical depression. Women who reported delivery-related pain at 8 weeks post partum are being reinterviewed at 6 and 12 months post partum.

Women with third-degree perineal tears or episiotomies were more likely to report persistent pain, but this was not true of women with less severe lacerations, Dr. Pan said. There was no significant difference between primary or repeat C-sections as predictors for persistent pain, statistical analysis suggested.

Smoking status before pregnancy also was not a significant predictor of persistent pain, he noted.

Children Linked BY FRAN LOWRY Orlando Bureau

> NEW ORLEANS — Women who put on more than the recommended weight during pregnancy increase the chances that their offspring will be overweight before they reach their 10th birthday, according to findings from a retrospective cohort study of 7,674 women.

Excess Weight

In Pregnancy,

The findings from this study, which is the largest to date on the subject, have important implications for counseling pregnant women, Brian Wrotniak, Ph.D., said at the annual meeting of NAASO, the Obesity Society.

Mothers-to-be who gained more than the weight recommended by the Institute of Medicine had a 44% greater likelihood of having offspring who were overweight at 7 years of age than did women who did not exceed the weight-gain recommendations during their pregnancy.

Study investigators reviewed data from the Collaborative Perinatal Project, a multicenter, multiethnic study that was initiated in 1959 to investigate risk factors for cerebral palsy in children, said Dr. Wrotniak of Children's Hospital of Philadelphia.

The association between excess weight gain during pregnancy and an overweight child by age 7 years was even stronger for women who were underweight at the time they became pregnant, he said.

The link between the mother's weight gain during pregnancy and her child's excess weight in later years remained significant after adjustment for the gender of the child, gestational age, infant birth weight, first-born status, mother's race, maternal age, maternal body mass index, smoking, and study site, the researchers reported.

"How much weight to gain depends on the mother's prepregnancy BMI. For women of normal weight, the recommendations for weight gain during [a singleton] pregnancy are 12.5-18 kg, but for women who are overweight, 7-11.5 kg is the recommended range," Dr. Wrotniak said.

The Collaborative Perinatal Project data were collected in the 1960s. At that time, 11% of the cohort exceeded pregnancy weight-gain recommendations. Today, almost half-46% of expectant mothersare gaining more weight than they should during their pregnancies, Dr. Wrotniak

"From a public health standpoint, helping women to develop healthy eating and physical activity habits and to achieve a healthier weight before becoming pregnant, and to adhere to weight gain recommendations during pregnancy, may be an effective way to help prevent child-

With almost half of women exceeding the recommendations, such counseling could have a sizeable impact on future obesity in children," the study authors concluded.

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CONTRAINDICATIONS: Oral contraceptives should not be used in women who currently have the following conditions: • Thrombophilebitis or thromboembolic disorders • A past history of deep vein thrombophilebitis or thromboembolic disorders • Cerebrovascular or coronary artery disease (current or history) • Valvular heart disease with thrombogenic complications • Uncontrolled hypertension • Diabetes with vascular involvement • Headaches with focal neurological symptoms • Major surgery with prolonged immobilization • Known or suspected carcinoma of the breast or personal history of breast cancer • Carcinoma of the endometrium or other known or suspected estrogen dependent neoplasia • Undiagnosed abnormal genital bleeding • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas, or active liver disease • Known or suspected rependent neoplasia • Undiagnosed abnormal genital bleeding • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas, or active liver disease • Known or suspected rependent neoplasia • Undiagnosed abnormal genital bleeding • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas, or active liver disease • Known or suspected rependent neoplasia • Undiagnosed abnormal genital bleeding • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas, or active liver disease • Known or suspected rependency • Major • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas, or active liver disease • Known or suspected rependency • Major • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas, or active liver disease • Major • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas pregnancy • Hypersensitivity to any component of this product

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findings of minimal risk may be related to the use of oral contraceptive formulations containing lower hormonal doses of estrogens and progestogens.

8. Carbohydrate and Lipid Metabolic Effects: Oral contraceptives have been shown to cause glucose intolerance in a significant percentage of users. Oral contraceptives containing greater than 75 micrograms of estrogens cause being blower doses of estrogen cause less glucose intolerance. Progestogens increase insulin secretion and create insulin resistance, this effect varying with different progestational agents. However, in the nondiabeliate woman and a contraceptives appear to have on effect on taking blood glucose. Because of these demonstrated effects, prediabetic and diabetic women should be carefully observed while taking oral contraceptives. A small proportion of vomen will have persistent hypertrigly ceridemia while on the pill. As discussed earlier (see WARNINGS, 1.a. and 1.d.), changes in serum triglycerides and lipoprotein levels have been reported in oral contraceptive users.

9. Levelated Blood Pressure: Women with significant hypertension should not be started on hormonal contraceptive users.

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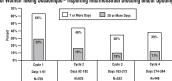
9. Levelated Blood Pressure women transported in careful should be monitored closely, and if significant elevation of blood pressure been reported in women taking oral contraceptives and this increase is more disconsistent of the contraceptive store.

Women with a history of hypertension or hypertension-related diseases, or renal disease should be encouraged to use another method of contraception. If women with hypertension elect to use oral contraceptives in many the prosterior of the cause. (See WARNINGS, 1.c.)

11. Bleeding Irregularities: When prescribing assemblication of migration of women with contraception for contraceptives and evaluation of the cause. (See WARNINGS, 1.c.)

11. Bleeding Irregularities: When prescribing assemblicatio

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As in any case of bleeding irregularities, nonhormonal causes should always be considered and adequate diagnostic measures taken to rule out malignancy or pregnancy. In the event of amenorihea, pregnancy should be ruled out. Some women may encounter post-pill amenorihea or oligomenorihea (possibly with anovolation), especially when such a condition was preexistent.

PRECAUTIONS:

1. Sexually Transmitted Diseases: Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually trans

1. Sexually Transmitted Diseases: Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

2. Physical Examination and Follow-up: A periodic history and physical examination are appropriate for all women, including women using oral contraceptives. The physical examination, however, may be deferred until after initiation of oral contraceptives if requested by the woman and judged appropriate by elicinican. The physical examination, however, may be deferred until after initiation of oral contraceptives if requested by the woman and judged appropriate by elicinican. The physical examination should include special elevents to be organized by the woman and judged appropriate by examination are a straight and included the physical examination should have breast notices should be monitored with particular care.

3. Lipid Disorders: Women who are being treated for hyperhipdienians should be followed dosely if they elect to use oral contraceptives. Some progestogers may elevate LOL tevels and may render the control of hyperhipdienians smole followed colleges of spinificant elevations or plasmits privacerials scaled under the control of hyperhipdienians smole of spinificant elevations or plasmits privacerials scaled under the control of hyperhipdienians smole of spinificant elevations or plasmits with tamilial defects of lipoprotein read-oils or receiving extraorements of spinificant elevations or plasmits with tamilial defects of lipoprotein read-oils with extraorements of spinificant elevations or plasmits with impaired liver function.

5. Huld Retention: Oral contraceptives may cause some degree of fluid retention. They should be prescribed with caution, and only with careful monitoring, in patients with conditions, which might be agaraxated by fluid retention.

6. Emotional Disporters: Women with a history of deprescriben should be carefully observed and the drug discontinued of depression recurs to a serious degree. Patients becoming signi

ing, in planets with controls, which might be agricated by thuir detention.

6. Emotional Disorders: Women with a history of depression should be carefully observed and the drug discontinued if depression recurs to a serious degree. Patients becoming significantly depressed while taking oral contraceptives should sop the medication and use an alternate method of contraception in an attempt to determine whether the symptom is drug related.

7. Contact Lenses: Contact-lens wearers who develop visual changes or changes in lens tolerance should be assessed by an optitudinologist.

8. Drug interactions: Changes in contraceptive effectiveness associated with co-administration of other products: • a. Anti-infective agents and anticonvulsants. Contraceptive effectiveness may be reduced when hormoral contraceptives are co-administered with antibiotics, anticonvulsants, and other drugs that increase the metabolism of contraceptive steroids. This could result in unintended pregnancy or breakthrough bleeding, Examples include rilamin, and breakthrough bleeding have been reported in the literature with concomitant administration of antibiotics such as ampoiling and tetracyclines. However, clinical pharmacology studies investigating drug interaction between combined oral contraceptives and these arbitioties have reported in consistent results. • Anti-HIV protease inhibitors. Several of the anti-HIV protease inhibitors Several of the anti-HIV protease inhibitors. Healthrage products ring by a effective contraceptive products may be affected with co-administration of an ordinary products. Proteins and contraceptive products may be affected with co-administration of an ordinary products. Proteins and contraceptive scription of the products or the products or the health of the inhibitor several proteins and

OVERDOSAGE: Serious ill effects have not been reported following acute ingestion of large doses of oral contraceptives by young children. Overdosage may cause nausea, and withdrawal bleeding may occur in females.

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