

Ultrasound's Value as Placental Screen Affirmed

BY SHARON WORCESTER
Southeast Bureau

MIAMI BEACH — Pelvic ultrasound is accurate for ruling out placenta accreta, and should be used as the primary screening tool in patients at high risk for this condition, Dr. Carri Warshak said at the annual meeting of the Society for Maternal-Fetal Medicine.

Magnetic resonance imaging also should be considered in the evaluation of all suspected cases, she added.

A historical cohort study of 433 patients with placenta previa who underwent ultrasound showed that this screening modality accurately predicted placenta accreta (which for the purposes of this study also included placenta increta and percreta) in 25 of the 32 women whose diagnosis was confirmed by pathologic examination, for a sensitivity of 0.78.

Ultrasound ruled out the condition in 397 of 401 patients, for a specificity of 0.99; MRI ruled out the condition in the remaining 4 patients, reported Dr. Warshak of the University of California, San Diego.

Of an additional 58 women who were

referred for MRI based on equivocal ultrasound findings, 39 were shown on pathologic examination to have placenta accreta. MRI accurately predicted the condition in 35 of the 39 patients for a sensitivity of 0.90, and ruled out the condition in the remaining 19 patients for a specificity of 1.

Information for the study was obtained from a perinatal database for patients screened by ultrasound between January 2000 and June 2005 and for patients

screened by MRI between January 1992 and June 2005. The findings are important because they confirm the accuracy of ultrasound and MRI for detecting a condition that requires accurate prenatal diagnosis for optimal management, she said.

Furthermore, the incidence of abnormal placentation has increased 10-fold over the past decade, largely due to the increased cesarean section rate. An estimated 9% of pregnancies are affected, she noted.

The findings confirm those from the three largest studies of ultrasound diagnosis for placenta accreta; pooled data from those studies and the current study show pelvic ultrasound is 81% sensitive and 98% specific for diagnosis, she said.

MRI has been less well studied, and results have been conflicting, but the findings of this study suggest it has an important role in optimizing diagnostic accuracy, particularly in patients with equivocal findings on ultrasound, she concluded. ■

Pregnant Smokers: Tobacco Road Can Be Hard to Exit

ORLANDO — Pregnant women who are not heavy smokers may be more likely to successfully quit, according to research presented at the annual meeting of the Society for Research on Nicotine and Tobacco.

Lower amounts of smoking, adequate prenatal care, and higher incomes were all associated with women being more likely to quit smoking during pregnancy, said Beth Nordstrom Bailey, Ph.D., of East Tennessee State University in Johnson City. She analyzed predictors of smoking cessation among women living in rural Tennessee and Virginia, a population with a historically high rate of smoking.

Dr. Bailey conducted a chart review of 221 women who received prenatal care at a family medicine clinic in 2002 and 2003. She considered sociodemographic factors, medical factors, and substance use history. Of those women, 148 were self-identified as prepregnancy smokers. More than 60% of these smoked a pack or more a day.

Only 27% of the prepregnancy smokers were able to quit during pregnancy, 43% reduced their smoking by a quarter of a pack per day, and about 30% continued smoking at the same level.

The amount of smoking had the highest association with ability to quit. Prenatal care accounted for about 12% of the variation in quitting, Dr. Bailey said. In addition, women were more likely to quit if they had fewer prior pregnancies. Other factors such as marital status, history of depression, education, and use of drugs were not related to cessation.

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