

# Success Rates Similar for Preterm, Term VBAC

BY DAMIAN McNAMARA  
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MIAMI BEACH — A trial of labor should be considered an option for women with a history of prior cesarean delivery when preterm delivery is anticipated, Dr. Celeste P. Durnwald said at the annual meeting of the Society for Maternal-Fetal Medicine.

“There is little information reported to date on the efficacy of a [vaginal birth after cesarean] attempt in women undergoing preterm delivery,” said Dr. Durnwald, who presented a study on behalf of the National Institute of Child Health and Human Development maternal-fetal medicine units network.

One other research team has addressed the impact of preterm vaginal birth after ce-

sarean (VBAC), said Dr. Durnwald of Ohio State University, Columbus. Investigators in that study reviewed medical records for 20,156 women with a singleton fetus and history of one cesarean delivery, including 12,463 (62%) who attempted a VBAC. They compared women who delivered preterm, at a mean of 34 weeks, with a group who delivered full term, at a mean of 39 weeks. VBAC was successful for 82% of the preterm group and 74% of the term group, a statistically significant difference. The

study, however, was retrospective (Obstet. Gynecol. 2005;105:519-24).

Dr. Durnwald and her associates assessed 3,119 women with a preterm pregnancy. Of these, 2,338, or 75%, attempted a trial of labor. The researchers compared the success of VBAC and the rates of uterine rupture and maternal morbidities in these women with those in a control group of 15,331 women who attempted a trial of labor at term. The groups were similar, except women in the preterm group were

more likely to be African American, government insured, and smokers.

VBAC was successful for 72.8% of the preterm group and 73.2% of the term group, Dr. Durnwald said. Rates of uterine rupture (0.34% vs. 0.74%, respectively) and dehiscence (0.26% vs. 0.73%) were lower in the preterm group.

Significantly more women in the preterm group had coagulopathy and/or a need for transfusion, according to a multivariate analysis. ■

## Preconception Dieting Raises Preterm Risk

TORONTO — Women who diet to lose weight before getting pregnant could be at increased risk of giving birth prematurely, according to Jim Johnstone of the department of physiology at the University of Toronto.

**Women who became pregnant after a weight-loss diet were significantly more likely to give birth prematurely.**

The findings, which he presented at the annual meeting of the Society for Gynecologic Investigation, come from a subset of the Southampton Women's Survey, in which 12,500 women

aged 24-34 years were interviewed before they became pregnant, and then 3,000 were followed through their subsequent pregnancies.

In Mr. Johnstone's sample of 605 of these pregnant women, 23.3% had indicated before conception that they were dieting to lose weight. However, the time interval between the survey interview and their subsequent pregnancy was not recorded.

The analysis revealed that women who became pregnant after a weight-loss diet were significantly more likely to give birth prematurely, compared with women who did not diet (11% vs. 5%). This finding was independent of maternal body mass index, smoking status, exercise, socioeconomic status, ethnicity, and infant gender.

In addition, a total of 50 placental samples selected randomly from the group at term showed that—compared with nondieters—dieters had decreased levels of the enzyme 11 $\beta$  hydroxysteroid dehydrogenase type 2 (11 $\beta$  HSD2), indicating increased fetal exposure to cortisol, as well as increased levels of cyclooxygenase-2 (COX-2), indicating an increased placental capacity to produce prostaglandins.

—Kate Johnson

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Most commonly reported adverse events included: headache (9%), abdominal pain (7%), upper respiratory tract infection (5%), genital moniliasis (5%), and back pain (7%).

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