Diseases & Conditions

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Several Dubious Prenatal Procedures Still Widespread

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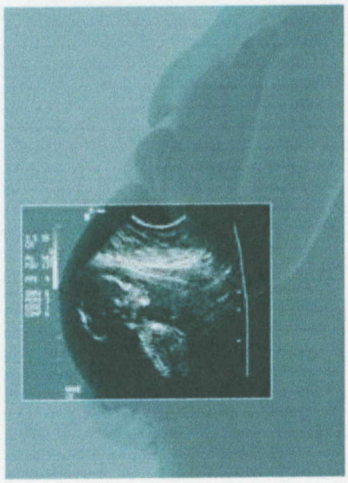

The discoveries of medical research often take time to permeate into medical practice. That's no secret. But what may be surprising is how often that's true of medical care during pregnancy and childbirth. Several common procedures persist even though they don't live up to their presumed benefits and may even pose health hazards. At issue are such widespread practices as routine ultrasound imaging, bed rest for preventing premature delivery, fetal monitoring during labor and routine episiotomies to speed delivery and healing. Several clinical studies done during this decade reveal that the assumptions behind the uses of these

procedures often are off the mark.

"Many doctors aren't aware of the research findings, and their decision on whether to use a particular intervention is either because that's the way they were taught or because they did something in medical practice that made them conclude that their way was better," says Judith Maloni, a nursing professor at the University of Wisconsin-Madison who studies the effectiveness of various obstetric practices.

If you're expecting, here's how some of these options may arise.

In the second trimester of pregnancy, you may not be having any problems and not be considered to have a high-risk pregnancy, but your doctor suggests it would be worthwhile to use ultrasound to take a peek at the baby to see if it has any birth defects, to assess its size and age, and to rule out twins. Besides, the doctor adds, the ultrasound might indicate whether you should be buying pink or blue outfits.

Ultrasound imaging seems like a reasonable suggestion (and the temptation to "see" the baby is hard to overcome), but it often isn't medically warranted. Routine ultrasound screening can't detect some defects, such as cerebral palsy, and often misses other defects, such as heart or gastrointestinal abnormalities, because the person performing the ultrasound isn't adequately trained. One study of more than 15,000 women found ultrasound screening detected less than one-fifth of about 200 major fetal anomalies before 24 weeks of gestation. Ultrasound also doesn't detect some major birth defects in time for an abortion, and it often suggests a fetus has a birth defect, such as cleft palate, when in fact the baby is born without a blemish.

What's the harm? In fact, there's no evidence that ultrasound imaging can harm the fetus. But because ultrasound can generate heat, microscopic bubbles or vibrations, it could possibly affect fetal development, so a U.S. Food and Drug Administration panel has recommended that ultrasound imaging not be done on pregnant women unless there is a specific medical reason such as vaginal bleeding, signs that the fetus is not growing properly or a family history of congenital abnormalities.

A problem you may encounter in your second

or last trimester of pregnancy, particularly if you are pregnant with more than one fetus, is premature delivery. Because of the hypothesis that lying down relieves the gravitational pressure that might help push open a weakened cervix, and the observation that lying down causes contractions to stop in some women, doctors often prescribe bed rest to avoid premature delivery. Not only is this extremely inconvenient for the women and their families, several studies show this practice isn't effective in most women. Instead, it boosts a woman's risk of having a life-threatening blood clot, fosters muscle- and bone-wasting and leads to a longer recovery time after birth.

According to obstetrician Jay Iams, M.D., of Ohio State University in Columbus, bed rest may be warranted if you have a history of previous premature deliveries or are carrying a multiple pregnancy, and you have a short cervix. He adds, however, that "most women who are told to go to bed probably don't need bed rest."

During labor and delivery, a common practice is electronic fetal monitoring, which detects the fetus's heartbeat and can indicate irregularities due to a lack of oxygen. When such abnormalities are detected, doctors generally opt to do a Caesarean section to speed delivery of the baby so as to avoid brain damage. But an extensive study done by the National Institute of Neurological Disorders and Stroke found that electronic fetal monitoring doesn't prevent brain damage. Instead, it triggers unnecessary Caesarean sections and can lengthen labor by requiring women to be in prone positions, which are good for monitoring but not for promoting efficient labor.

Many obstetricians still insist on using electronic fetal monitoring as an alternative to the frequent monitoring of the fetus' heartbeat with a stethoscope that should be done by an attending nurse but often isn't, thanks to current cutbacks in health care. But if you have a maternity nurse or midwife who can devote full time to monitoring your labor, and you are not considered a high-risk patient, the monitoring shouldn't be necessary.

During delivery, a procedure you're likely to have, unless you request otherwise, is an episiotomy. This surgical cut of the skin and underlying tissues between the vaginal opening and the anus is done, in theory, to significantly

speed delivery and promote healing after birth. It was thought that a straight-line cut heals faster than the jagged tear or several tears that might ensue without an episiotomy. But studies done on more than 1,000 women show episiotomies don't significantly shorten delivery times. In fact, women who have this surgery actually experience more large-scale tearing and discomfort as well as a longer recovery than those who forgo it. Women without episiotomies do tend to have more small tears, but because the tears are usually confined to the skin they generally heal more quickly than the deeper episiotomy incisions.

Episiotomies may still be warranted when a fetus' heartbeat is abnormal during labor, in which case an episiotomy might decrease delivery time by a few minutes and could make a difference in the baby's health. Episiotomies also may be necessary to prevent the deep tearing that can occur when a woman delivers an exceptionally large infant.

In all these cases, to make sure your doctor knows which procedures you want and when, speak up as early as possible.

"Before you go into labor," Maloni says, "you should discuss with your doctor a birth plan — what you want and don't want during labor and delivery. If you find the doctor is uncooperative, shop for a different one. You shop for the kind of TV you want; why not shop for the kind of doctor you want?"

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