Study Undercuts Antioxidants

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The study analyzed 2,395 pregnant women who were at risk for preeclampsia and randomized them at 14-22 weeks gestation to either high-dose antioxidant therapy or placebo. Subjects who were already taking prenatal vitamins at randomization were allowed to continue taking them. High-dose antioxidant therapy failed to prevent preeclampsia, which occurred in 15% of the high-dose antioxidant group and 16% of the placebo group. Additionally, there was an association between high-dose antioxidant therapy and low birth weight, defined as less than 2.5 kg. Low-weight babies comprised 28% of the babies in the high-dose antioxidant group, compared with 24% of the placebo group (risk ratio 1.15).

Regarding secondary outcomes, high-dose antioxidant therapy again compared unfavorably with placebo, resulting in higher rates of intrapartum cord pH 4.0 (RR 2.2), intravenous antihypertensive therapy (RR 1.9), magnesium sulfate therapy for preeclampsia (RR 1.8), gestational hypertension (RR 1.5), and prenatal steroid use (RR 1.4). An additional exploratory analysis of the data revealed that high-dose antioxidants were associated with a greater risk of both preeclampsia (RR 2.7) but a lower risk of death due to immaturity (RR 0.2), although these results could be due to chance, since they were generated from a post hoc analysis.

The authors of the second study suggested that oxidative stress contributes to pathogenesis of preeclampsia. The study did not, however, investigate the potential role of antioxidants in preventing preeclampsia.

Another smaller study presented in a poster at the meeting also found no protective effect of high-dose antioxidant therapy against preeclampsia. However, the study was done in a normal, nulliparous population, rather than a high-risk group. In fact, there was a trend toward higher preeclampsia rates among women taking high doses of antioxidants (16.7%) compared with those taking placebo (9.7%), as reported at the Ninth Annual New England Perinatal Research Network Conference in March in Boston. Dr. Mertz and her colleagues found that high-dose antioxidants were associated with a greater risk of stillbirth (RR 2.7) compared with those taking placebo (9.7%).

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For Late-Pregnancy Choking, Use Heimlich Maneuver on the Floor

PASADENA, CALIF. — The Heimlich maneuver becomes unwieldy during the late stages of pregnancy, requiring adaptations, Dr. Gerald Quirk said at the annual meeting of the Obstetrical and Gynecological Assembly of Southern California.

Breast enlargement, diaphragm displacement, and the size and weight of a pregnant woman all contribute to difficulty in performing the traditional emergency maneuver commonly, he said, the Heimlich maneuver requires a technique that is uncomfortable for both the choking victim and placing a fist, thumb in, underneath the diaphragm.

Using the other hand to push against the

fist, a series of abrupt upward thrusts can usually dislodge a piece of food from the airway.

Not only is it difficult to hold a woman in this position during late pregnancy, it is also hard to exert the force necessary to perform the maneuver correctly, he said. Dr. Quirk, professor of obstetrics, gynecology and reproductive medicine at Stony Brook (N.Y.) University. The best thing to do is lay her on the floor and press on the lower part of the sternum, “he said.

The woman should be tilted slightly to one side to prevent aortocaval compression.

Dr. Quirk said several case reports suggest that this adaptation is effective in late pregnancy.