MRSA Present in 2% of Women Entering L&D

BY SHERRY BOSCHERT
San Francisco Bureau

MONTEREY, CALIF. — Two (2%) of 98 pregnant women being admitted for labor or a vaginal delivery were colonized with methicillin-resistant Staphylococcus au-
reus in a pilot study. Dr. Richard F. Beigi reported in a poster presentation at the an-
nual meeting of the Infectious Diseases So-
ciety for Obstetrics and Gynecology.

The results of the study are consistent with a 2%-4% colonization rate for methi-
cillin-resistant S. aureus (MRSA) found in some populations, though higher rates have been seen in select populations. These are among the first data on MRSA in women entering labor and delivery wards, said Dr. Beigi, who performed the study at MetroHealth Medical Center, Cleveland, and now is at Magee-Women’s Hospital, Pittsburgh.

“It emphasizes the fact that we need to have very good hand hygiene,” he said in an interview at the poster session. The study was funded by Steris Corp., which makes a hand hygiene product. The 2% rate provides a baseline for com-
parisons as the incidence of MRSA is tracked in labor and delivery over time. On-
going surveillance is warranted given the in-
creasing rates of MRSA in other specialties and the limited number of effective drug
treatments for complications of MRSA in-
fection, said Dr. Beigi and his associates.

Of the 96 women, 21 (22%) had S. aureus detected in samples from the anterior nares. Two (10%) of the 21 with S. aureus had MRSA. One of these women had S. aureus worked in a hospital, and the other had no contact with a hospital or hospital workers as a potential source for her MRSA colo-
ization.

Eight (38%) of the 21 isolates with S. au-
reus demonstrated inducible clindamycin resistance, and one of these was a strain with MRSA. The clinical implications of this are unclear, but MRSA plus clin-
damycin resistance would further narrow choices for therapy.

In a subset of 28 women who also had cultures obtained from the outer third of the vagina, 23 (82%) had concordant find-
ings, meaning that if they were positive or negative for S. aureus in one anatomical site, they had the same result at the other site.

Six postpartum infections potentially were attributable to S. aureus—two cases of mastitis and four wound infections after C-
section. Postpartum infection rates were twice as high in women with S. aureus (10%), compared with uncolonized women (5%), but the difference was not statistical-
ly significant. A larger study might show a significant difference in infection rates, Dr. Beigi suggested.

Cefazolin Found Still Effective
For Antepartum Pneumonitis

BY SHERRY BOSCHERT
San Francisco Bureau

MONTEREY, CALIF. — Cefazolin remained an effective empiric therapy for antepartum pneumonitis over the last 14 years, according to the 95% confidence interval for bone mineral density measured at 6 weeks.

The average bone mineral densi-
ty was 1.15 g/cm² in the LMWH group and 1.20 g/cm² in the control group, a dif-
fERENCE that was not statistically significant. In ad-
dition, the 95% confidence interval for bone im-
eral density in the dalteparin group did not enter the range that defines osteopenia (less than one standard deviation below the mean), Dr. Beigi said.

“We can say with confidence that if low-molecular-weight heparin causes a differ-
ence in bone density, it’s a small difference,” Dr. Beigi suggested.

LMWH During Pregnancy Preserves BMD

BY MITCHEL L. ZOLER
Philadelphia Bureau

LISBON — Long-term treatment with low-
molecular-weight heparin during pregnancy did not cause a drop in spinal bone mineral density in a study with 62 women.

Extended administration of low-molecular-
weight heparin (LMWH) during pregnancy, as prophylaxis for thrombosis, also did not pro-
duce a clinically important frac-
ture risk, Dr. Marc A. Roger said at the third World Congress of the International Society of Obstetric Medicine.

In contrast, long-term treatment with unfractionated heparin during pregnancy often causes a drop in bone mineral density—frequently a clinically significant drop, said Dr. Roger, head of the thrombosis and hemostasis program at Ottawa Hospital. According to prior study results, about 2% of women who have had prolonged exposure to unfractionated heparin during pregnancy develop osteoporotic fractures.

The new findings came from a prespecified subgroup analysis of data collected in the Thrombophilia in Pregnancy Prophylaxis Study (TIPPS), an ongoing, multicenter trial that was designed to compare prophylaxis using LMWH with placebo for pregnancy outcomes in women with a thrombophilia. The subanalysis was de-
gined to assess the effect of LMWH on bone mineral density.

Screening for Thrombophilia
In Pregnancy Called Futile

BY MITCHEL L. ZOLER
Philadelphia Bureau

LISBON — There is absolutely no reason today to universally screen pregnant women for in-
herited thrombophilias, Dr. Ian A. Greer said at the 11th World Congress of the International So-
ciety for the Study of Hyperten-
sion in Pregnancy.

Although easy and accurate tests for inherited thrombophil-
ias are available, the best man-
agement of women who have these disorders remains unclear.

A systematic review of the liter-
ature turned up results from just one randomized, controlled tri-
al showing that pregnant women with a thrombophilia—in this case, antiphospholipid syn-
drome—had a modest benefit from treatment with aspirin and heparin, said Dr. Greer, professor of obstetrics and gynecology at the University of Glasgow, Scot-
land. But antiphospholipid syn-
drome is acquired, not inher-
ted, thrombophilia, and no other results from randomized, con-
trolled trials in women with a thrombophilia have been re-
ported, he said.

“The top priority today is to run more controlled studies to test various antithrombotic treat-
ments in women with throm-
boembolia rather than starting wide-
spread screening,” Dr. Greer said.

Although aspirin, unfractionated heparin, and low-molecu-
lar-weight heparin are all treatment options, alone or in combination, not enough evidence currently exists to recommend any specific regimen over the others.

Dr. Greer and his associates have run a cost-effectiveness anal-
ysis of thrombophilia screen-
ing and treatment, using a hypo-
thetical, representative popula-
tion of 10,000 pregnant women.

They assumed that treatment with low-molecular-weight he-
parin would have an 80%-efficacy for preventing adverse mater-
nal and fetal outcomes, including intrauterine growth restriction, miscarriage, and preeclampsia.

In this analysis, the cost for preventing a single adverse event through universal screening would be about $300,000. The cost to prevent a single adverse event would be about $80,000 using se-
lective screening of women with a personal history of thrombophilia or venous throm-
boembolism, Dr. Greer said.

—Mitchel L. Zoler

10 Obstetrics