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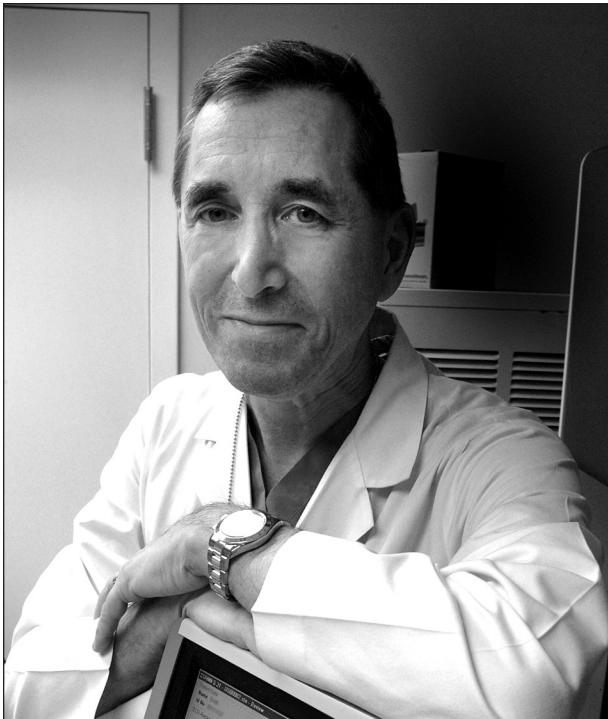
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A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the May-June 2019 Editor-in-Chief's page. This editorial column will focus on 3 obstetric topics in articles published in the current issue.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue

- **Universal Screening for Group B Streptococcus Versus Universal Treatment in Pregnant Women in Appalachia: Unintended Cost Shifting Consequences**
E. Kowal, B. C. Calhoun, D. J. Seybold, D. L. Williams, and P. P. Dietz

The authors undertook a comparative evaluation of costs involved in routine screening of near-term pregnant women for Group B Streptococcus (GBS) versus universal GBS treatment in this population without screening. While their stated goal was to determine if there were cost- and labor-saving measures by eliminating GBS cultures altogether, their sample had a rather low incidence of culture-proven GBS colonization, but following current 2010 Centers for Disease Control and Prevention (CDC) guidelines, the infants of colonized mothers who were presumably GBS prophylaxis recipients had an unexpectedly high incidence of GBS sepsis. The question of whether it is better simply to treat all pregnant women within 5 weeks of their expected delivery dates really cannot be answered on the basis of cost-saving alone as the appropriate target is the prevention of a serious neonatal infection that can dramatically increase the expenses associated with a single care episode.

I do not see the CDC agreeing with the “treat everyone” approach since an unselective administration of antibiotics has the potential to change the vaginal microbiome in unanticipated directions that could ultimately change susceptibility to the antibiotics of choice and herald unwanted overgrowth of other pathogenic flora.

- ***Antenatal Corticosteroids Increase the Risk of Hyperglycemia in Nonobese and Obese Nondiabetic Women***

T. A. Lynch, J. C. Bringley, E. C. Crosby, K. C. Kiley, and A. Rijhsinghani

It has been well established that administration of corticosteroids to diabetic women to enhance the pulmonary maturation of their fetuses can cause significant maternal hyperglycemia. In clinical practice most women who receive this intervention in the setting of threatened preterm birth are not diabetic, so the investigators ask the obvious question—will there be elevated levels of blood glucose that could prove problematic for preterm infants if delivery is not successfully forestalled? It is not clear that the posttreatment blood sugar levels detected in both obese and nonobese nondiabetic women would consistently increase the risk of either hypoglycemia or hyperglycemia that are already concerns for preterm infants. That said, given the uncertainty of how long a patient at risk for “imminent” preterm birth will remain pregnant, it would make some sense to monitor blood glu-

cose levels proactively in this particular patient population until they return to normal levels, time permitting.

- ***Safety of Panniculectomy During Cesarean Section: A Prospective, Non-Randomized Study***

B. Petrikovsky, S. Swancoat, and E. Zharov

An increasing number of patients are selecting elective abdominoplasty procedures, and many of such patients are reproductive-aged women who have finished childbearing. While such procedures have usually been done during a nonpregnant interval, there is a potential argument for considering panniculectomy as an adjunctive procedure when a cesarean delivery is scheduled for an obese patient with a substantial pannus. As the authors point out, there is very little information to guide patient decision-making in this area, and their study adds some important observations to assist in this process. While the complications noted (including seromas, hematomas, and wound dehiscence) occurred at similar rates in both groups of obese women, a much larger group would be needed to establish the effective safety of adding a procedure that is entirely elective and that may extend the length of operative time well beyond that of a routine cesarean section. It should also be pointed out that panniculectomy is not a procedure that is routinely taught in most American OB-GYN residency programs and in nonpregnant patients is typically performed by cosmetic or plastic surgeons.