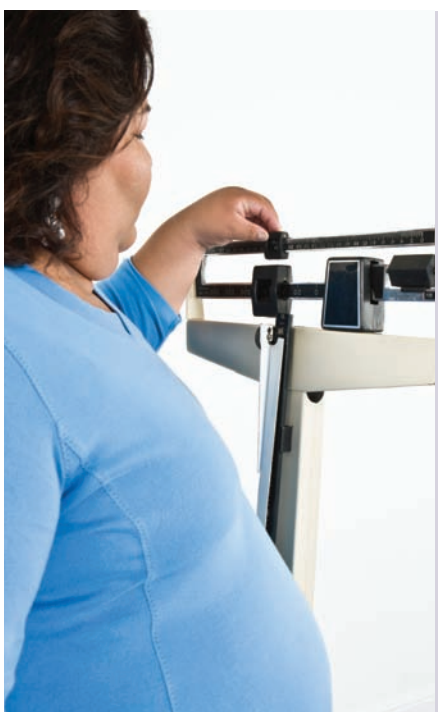
Aspirin Prophylaxis for Preeclampsia

LAURIE LaRUSSO

The U.S. Preventive Services Task Force recommends daily low-dose aspirin (81 mg/day) after 12 weeks of pregnancy in women who are at high risk for preeclampsia to reduce the occurrence of preeclampsia, preterm birth and intrauterine growth restriction. The recommendation, published online September 9 in *Annals of Internal Medicine*, applies to pregnant women at high risk for preeclampsia, who are asymptomatic and have no contraindication to or history of adverse effects from aspirin therapy. Risk factors for preeclampsia include history of preeclampsia (including early-onset), multifetal gestation and some preexisting chronic and autoimmune diseases. The full recommendations are available at **http://annals.org/article.aspx?articleid=1902276.**



Weight Control During Pregnancy

According to a study published in the September issue of the journal *Obesity,* attending weekly group support meetings, getting nutrition and diet advice and keeping food and exercise journals can help women with obesity successfully manage weight gain during pregnancy. Researchers in Oregon randomly assigned 114 pregnant women with obesity (body mass index ≥30) between 7 and 21 weeks' gestation to one of two programs: an intensive weight management program that included weekly group meetings, weigh-ins, personalized caloric goals, and food and exercise diaries, or the usual care, which consisted of diet and exercise advice provided at one meeting with a dietitian. By 34 weeks of pregnancy, women in the intensive intervention group had gained an average of 11 pounds compared with a gain of 18 pounds for women who got the usual care. Two weeks after birth, women in the intervention group weighed approximately 6 pounds less than when they started the study compared with an average weight gain of 3 pounds among women in the usual care group. In addition, women in the intensive intervention group were significantly less likely to have a large-for-gestational age newborn (9 percent vs 26 percent).

Preventing Preterm Birth in Twin Pregnancies

Treatment with progestogen may reduce adverse perinatal outcomes such as preterm birth in twin pregnancies, but only for women with a short cervix, according to a study published online August 22 in *BJOG: An International Journal of Obstetrics and Gynaecology*. Over the past 10 years, progestogen hormones have been studied for prevention of adverse perinatal outcomes in twin pregnancies, largely without success. An international group of researchers collaborating in the Global Obstetrics Network (GONet) performed a meta-analysis of published large, randomized controlled trials evaluating the use of progestogen in twin pregnancies. The meta-analysis included 13 studies involving more than 3,700 women and 7,500 babies. As in the individual studies, there was no benefit with progestogen in twin pregnancies overall. However, vaginal progesterone reduced adverse perinatal outcomes in women with a short cervix (cervical length ≤25 mm) who were carrying twins.

Breast Cancer Gene

In addition to the *BRCA1* and *BRCA2* gene mutations linked to breast cancer, researchers have identified another gene in which mutations are an important cause of hereditary breast cancer, according to a study published in August 7 in *The New England Journal of Medicine*. Researchers in the United Kingdom analyzed the risk of breast cancer among 362 members of 154 families who had certain mutations in the *PALB2* gene known to confer a predisposition to breast cancer. Compared with the general population, the risk of breast cancer for female *PALB2* mutation carriers was 8 to 9 times higher among women younger than age 40, 6 to 8 times higher among women 40 to 60 years of age, and 5 times higher among women over 60 years of age. The absolute breast-cancer risk for *PALB2* female mutation carriers by 70 years of age ranged from 33 percent among women with no family history of breast cancer to 58 percent among women with two or more first-degree relatives with breast cancer at 50 years of age.

New Drug for Opioid-Related Constipation

In September, the FDA approved naloxegol (Movantik) as an oral treatment for opioid-induced constipation in adults with chronic non-cancer pain. The drug acts on peripheral opioid receptors to decrease the constipating effects of opioid medications.

Laurie LaRusso, MS, ELS, is a freelance medical writer and an adjunct instructor in the Friedman School of Nutrition Science and Policy at Tufts University in Boston. The author reports no conflicts of interest or relevant financial relationships.

DOI: 10.1111/1751-486X.12158