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Idaho Perinatal Project Newsletter

May 2016

Introducing.....

The Perinatal Pulse

We hope you have enjoyed receiving this Idaho Perinatal Project Newsletter. This will be the final regular edition newsletter.

We are excited to announce that we are now going to be sending you the newsletter in a new format which is called "The Perinatal Pulse".

Rather than waiting for a specific date to send the newsletter or waiting to have enough information to fill the newsletter to make it interesting for the reader, you will now see emails which are more timely and brief. Our goal is to deliver information to you in a more concise manner that is easier and faster to read, allowing you to stay more connected to the Idaho Perinatal Project.
Summary

Syphilis continues to be a concern in our communities. As of January 29, 2016, 70 early syphilis cases associated with the 2015-2016 syphilis outbreak were reported to Southwest District Health (SWDH) and Central District Health. Men who have sex with men (MSM) have been the highest risk group. Hooking-up for anonymous sex using websites or apps and alcohol or substance abuse are additional risk factors reported among SWDH syphilis cases.

Testing

Please consider syphilis if a patient presents with:

- Any ano/genital or oral lesion, especially indurated and minimally painful ulcers
- Any unexplained rash, especially with palmar or plantar involvement

Testing for syphilis should include both screening (e.g., RPR or VDRL with titer) and confirmatory serologies (e.g., TPPA, FTA-Abs, or MHA-TP).

Treatment and Prevention

In order to stop the spread of disease, seize every treatment opportunity. Consider presumptive treatment if a patient is symptomatic, is a contact to a syphilis case, belongs to a high-risk group, or if follow-up is uncertain. Use a single dose of benzathine penicillin G (e.g., Bicillin-LA), 2.4 million units IM as first-line therapy.

Considerations for Pregnant Women

Providers should continue to screen all women serologically for syphilis early in pregnancy, preferably at the first pregnancy-related visit. Women at higher risk for syphilis infection include those with multiple sexual partners, current alcohol or substance abuse, those diagnosed with any other sexually transmitted infection, or with sexual partners diagnosed with syphilis. High-risk pregnant women should have additional syphilis serologic testing performed twice during the third trimester: once at 28-32 weeks’ gestation and again at delivery.

Any woman who has a fetal death after 20 weeks gestation should be tested for syphilis, even if screening was performed early in pregnancy.
**Zika Virus**

**Study: Early ultrasounds may not show signs of Zika-related microcephaly**

Ultrasound screenings did not detect signs of microcephaly in the fetus of a woman who was infected by the Zika virus until the 19th week of pregnancy, according to a study in the New England Journal of Medicine. The findings, based on ultrasound and MRI data, also showed that the fetal brain circumference dropped from the 47th percentile in week 16 to the 24th percentile in week 20. 

Reuters (3/30)

*Please click here to view entire article*

**Study identifies protein linking Zika virus to birth defects**

Researchers tied the AXL protein to the entry of the Zika virus into the stem cells of the developing brain and retina of a fetus. Understanding how Zika could use the protein may result in medications that could prevent Zika infection, researchers said. The findings were published in Cell Stem Cell.

HealthDay News (3/30)

*Please click here to view entire article*

**CDC recommends delaying pregnancy after Zika virus infection**

The CDC has issued guidance urging women who have been infected with Zika virus to wait at least two months before trying to get pregnant, while men who have had the virus should wait for at least six months to avoid birth defects such as microcephaly in their children. The guidelines also advised men and women with possible Zika exposure to delay conception attempts for at least two months.

Reuters (3/26)

*Please click here to view entire article*
Vaccinating Pregnant Women Against The Flu Protects Their Infants

Infants born to pregnant women vaccinated against the flu during pregnancy are significantly less likely to have flu-like illnesses. The study, "Influenza in Infants Born to Women Vaccinated During Pregnancy," appearing in the June 2016 issue of Pediatrics (published online May 3) examined the vaccination status of 245,386 women and rates of flu-like illnesses in their 249,387 infants. The authors report a 64 percent risk reduction for flu-like illnesses, a 70 percent reduction in laboratory-confirmed influenza, and an 81 percent decrease for influenza hospitalizations during the first six months of life for these infants. In addition, the authors report that 97 percent of all lab-confirmed influenza cases occurred in infants born to women who did not report getting a flu vaccine during pregnancy. They conclude that the study strengthens evidence that vaccinating pregnant women provides flu protection to infants during their vulnerable first six month of life when they are not old enough to receive the flu vaccine themselves and should be a public health priority.

Study examines pediatricians' satisfaction with professional schedules

Researchers found that 89% of responding pediatricians were content with how their professional responsibilities are scheduled. The findings in Pediatrics, based on survey data involving 15,351 pediatricians in the 2013-2014 Maintenance of Certification program, showed an odds ratio of working part time of 12.21 for women, 1.32 for those without academic appointments and 1.15 for those not in independent or private practices. PhysiciansBriefing.com/HealthDay News (3/23)

Please click here for the entire article

Calendar of Events
October 2016
10/19-10/21
Idaho Perinatal Nurse Leadership Summit Meeting
The Riverside Hotel
Boise, Idaho
For more information, please contact Sarah Jacobson at 208-381-4174 or jacobssa@slhs.org.

About Us
The primary purpose of the Idaho Perinatal Project is to reduce maternal and infant morbidity and mortality and to improve pregnancy outcomes throughout the state of Idaho.

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