

time period, there was a significant difference in the birth weights of these two groups. This raises the question of the effectiveness of methadone maintenance programs in promoting fetal growth and well-being and in reducing polydrug use during pregnancy.

The effect of cocaine abuse on birth weight and gestational age
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A retrospective study of 343 women who lacked prenatal care was conducted to ascertain the effect of recent cocaine abuse on birth weight and gestational age. All pregnant women admitted in labor to a large urban teaching hospital between January 1 and December 31, 1986 who had not received prenatal care were included. The charts of these women were evaluated to obtain information about medical and obstetric complications of pregnancy, labor and delivery, and birth weight and gestational age of the infant. Information about drug use was obtained by urine toxicology at the time of admission. Results of ordinary least-squares multiple regression analyses indicated cocaine abuse to be a significant predictor of low birth weight and early gestational age. No correlation was found between cocaine abuse and abruptio placentae or maternal hypertension.

Alcohol counselling of 85 pregnant problem drinkers: Effect on drinking and fetal outcome
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Eighty-five pregnant problem drinkers were given intensive counselling throughout gestation to persuade them to reduce or stop their alcohol intake. Nevertheless, 7% of their blood specimens collected at follow-up visits contained ethanol. Fifty-five women (65%) were able to reduce their alcohol consumption by at least 50%. Alcohol abuse was associated in a dose-dependent manner with fetal growth retardation detectable by ultrasonography from 27 weeks gestation. Twenty infants (24%) had a complete fetal alcohol syndrome and 22 (26%) had some features of 'fetal alcohol effects' (FAE). In addition, the rate of structural malformations was high (13%). Of the women with continuous alcohol abuse 89% gave birth to infants with at least one feature of FAE compared with only 49% of those who decreased their alcohol consumption.

Magnesium supplementation in pregnancy. A double-blind study
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The effect of magnesium supplementation in pregnancy was studied in 568 women who were treated with 15 mmol magnesium-aspartate-hydrochloride per day or aspartic acid as placebo given orally during pregnancy from < = 16 weeks. Allocation of the two groups was performed according to the women's birthdates. Magnesium supplementation during pregnancy was associated with significantly fewer maternal hospitalizations, a reduction in preterm delivery, and less frequent referral of the newborn to the neonatal intensive care unit. The results suggest that magnesium supplementation during pregnancy has a significant influence on fetal and maternal morbidity both before and after delivery.

Lethal intrauterine fetal trauma
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Eight cases of lethal intrauterine fetal trauma secondary to motor vehicle accidents are retrospectively studied. In each instance the mother survived, usually sustaining only minor injuries. Some degree of placental abruption or infarction occurred in each case, but fetal abnormalities were more varied. Significant fetal injuries were limited to the head and included two instances of skull fracture associated with cortical lacerations and contusions. Six of the eight fetuses were still-born, and the other two died during the first postnatal day. At least five of the mothers were unrestrained at the time of the accident, three of whom experienced abdominal impact against the steering wheel but no external abdominal injuries. Although two mothers were wearing seat belts, in only instance could the seat belt be implicated in contributing to the fetal injury. This study shows that lethal placental or direct fetal injury can occur even though maternal injuries are minor or insignificant. The findings also support current recommendations for use of three-point restraints.

Pregnancy complicated by maternal heart disease. A review of 519 women
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Between 1970 and 1983, 519 pregnancies in 405 women with heart disease were managed at the Royal Maternity Hospital, Belfast, Northern Ireland, a rate of 1.3 per 100 deliveries. In 312 (60%) the heart disease was of rheumatic origin, in 161 (31%) congenital, and the remaining 46 (9%) were a miscellaneous group that included arrhythmias, ischaemic heart disease and cardiomyopathies. The New York Heart Association (NYHA) grading was no greater than 1—2 in 445 (86%) pregnancies antenatally. Three maternal deaths occurred, all in the group whose antenatal NYHA grade was 3—4. Heart failure