More Comprehensive Care for Miscarriage Needed Worldwide

About 1 in 10 women will have a miscarriage over a lifetime—a statistic that represents 23 million pregnancies lost annually, or 44 per minute worldwide, according to a series of articles in The Lancet. Despite the magnitude, the articles described miscarriage as a misunderstood phenomenon and called for more comprehensive care to prevent and treat miscarriage.

The 15% of pregnancies that end in a miscarriage can be attributed to risk factors including age during pregnancy, smoking, stress, air pollution, and exposure to pesticides. 1 of the studies reported. For repeated miscarriages, which affect about 2% of women, another study indicated that progesterone could increase live-birth rates and that levothyroxine may decrease the risk of miscarriage for women with subclinical hypothyroidism. Repeated miscarriages can be emotionally devastating and pose a risk of future pregnancy complications, the authors noted. In some cultures, they added, women who are unable to have children and their partners may face discrimination, stigma, and ostracism.

Another study in the series recommended using high-quality ultrasound for accurate miscarriage diagnoses and surgical management with vacuum suction aspiration as the preferred approach for missed miscarriages—those that occur without pain or bleeding. The authors noted that dedicated early pregnancy units are emerging as a model of care in the UK, Canada, Australia, and other countries. These units should be equipped with appropriate medications, ultrasound machines, efficient blood test processing, and staff who are properly trained in ultrasound scanning, giving bad news, and providing psychological support, the authors wrote.

Co–lead author of the series, Siobhan Quenby, MD, of the University of Warwick in the UK, said in a statement that many women who’ve had a miscarriage are advised only to try again. “That is not good enough, and we must ensure women are properly supported.”

Drug-Resistant Malaria Detected in Africa Will Require Monitoring

Evidence in Africa that the malaria parasite Plasmodium falciparum has developed genetic variants that confer partial resistance to the antimalarial drug artemisinin is a warning of potential treatment failure on the horizon, a drug-resistance monitoring study suggested.

Partial resistance to artemisinin, the current frontline treatment for malaria, first emerged in Cambodia in 2008 and has become common in Southeast Asia, the authors wrote. Artemisinin is a fast-acting drug that typically clears the parasite within 3 days. It’s usually combined with a longer-acting drug to kill any remaining parasites. When artemisinin resistance emerged in Asia, resistance to the combination therapy soon followed.

The current study was part of routine treatment efficacy monitoring, which is recommended by the World Health Organization. Among 224 children with malaria who were tested at 3 sites in Rwanda in 2018, a worrisome artemisinin-resistance variant was present in 13% of the parasite samples analyzed. At 2 sites, lingering P. falciparum detected in about 15% of children 3 days after treatment was linked with the variant. Although combination therapy remained highly effective—efficacy ranged from 94% to 97%—close monitoring of drug resistance in Rwanda and neighboring countries is essential, the authors wrote.

“[O]ur new study shows that resistant isolates are starting to become more common and most importantly, are associated with clinical implications (delayed parasite clearance),” lead author Aline Uwimana, MD, of the Rwanda Biomedical Centre in Kigali, Rwanda, said in a statement.

Despite Improvements, COVID-19’s Health Care Disruptions Persist

The COVID-19 pandemic’s disruption of essential health care services has eased somewhat, according to the World Health Organization (WHO). Its latest survey showed that about a third of those services worldwide were still disrupted during the first quarter of 2021—an improvement from 2020 when half of essential services had been interrupted.

However, 94% of countries continue to report disruptions even though two-thirds of them took steps such as hiring additional personnel or expanding home-based care or telemedicine services. Although the findings are encouraging, WHO Director General Tedros Adhanom Ghebreyesus, PhD, MSc, said in a statement that “The survey highlights the need to intensify efforts and take additional steps to close gaps and strengthen services.”

Ongoing barriers to care include workforce shortages in two-thirds of the responding countries and supply chain disruptions in about one-third of countries. Half the participating countries reported that patients are still reluctant to seek care because of mistrust or fear of infection. Primary care and rehabilitative, palliative, and long-term care remained the most heavily affected by continuing disruptions, according to the survey. Malaria services and childhood immunizations also face ongoing challenges.

“Prolonged immunization disruptions will have long-term consequences for children’s health,” UNICEF Executive Director Henrietta Fore said in the WHO statement. "The time to catch up is now.” – Bridget M. Kuehn, MSJ

Note: Source references are available in embedded hyperlinks in the article text online.