

Errata to the Perinatal and Women's Health Issue Summaries

For each Issue Summary, the tables and text found here represent the corrected version. Appropriate references follow.

Issue Summary 2: Women's Reproductive Health and Their Overall Well-Being

Infections

Infections and Related Conditions in Women		
Condition	Year	Rate
Chlamydia ¹	1996	321.5 per 100,000
Gonorrhea ¹	1996	119.5 per 100,000*
Syphilis (1° and 2°) ¹	1996	4.0 per 100,000
Genital Herpes ²	1997	25.6% infected with HSV-2
HIV (not AIDS) ³	June 1996- July 1997	3,750 (new cases)
Human Papilloma Virus ⁴	1997 study (n=376)	46% of college students
Bacterial Vaginosis ⁵	1995 cohort study (n=10,000)	16% of pregnant women**
Pelvic Inflammatory Disease ⁶	1994	177 hospitalizations per 100,000 women (15-44 years of age)

* Decreased 14.8% from 1995

** Ranging from 9-28%

- ▶ Two-thirds of all cases of sexually transmitted infections occur in persons under the age of 25.⁷
- ▶ Rates of syphilis in the U.S. have decreased since 1990, but remain significantly higher than rates in other countries. The incidence of chlamydia and other sexually transmitted diseases remains high.⁸
- ▶ Sexually transmitted diseases can lead to systemic infections, infertility, and ectopic pregnancy.

Cervical Cancer

Incidence of Invasive Cervical Cancer Per 100,000 Women (Age-Adjusted) ⁹			
Year of Diagnosis	All Females	White Females	Black Females
1975	12.4	11.1	28.0
1979	10.6	9.2	23.5
1983	8.8	8.1	15.2
1987	8.3	7.4	15.2
1991	8.4	7.7	13.4
1995	7.4	6.5	11.4

- ▶ Of the 14,500 women diagnosed with cervical cancer in 1997, 4,800 were expected to die.¹⁰
- ▶ Mortality is twice as high for Black women as White women.¹⁰

Breast Cancer

Incidence of Female Breast Cancer Per 100,000 Women (Age-Adjusted) ⁹			
Year of Diagnosis	All Females	White Females	Black Females
1975	88.1	90.0	78.5
1979	85.5	87.5	72.5
1983	93.3	96.2	86.3
1991	112.1	116.4	98.1
1995	111.3	115.0	101.3

- ▶ Breast cancer is rare but more fatal in premenopausal women.¹¹
- ▶ 180,200 new breast cancer cases were diagnosed in 1997, and 43,000 deaths were documented.¹²
- ▶ The prevalence of breast cancer is leveling off at 110 cases per 100,000 women.¹³

Cesarean Deliveries

Rate of Cesarean Deliveries Per 100 Deliveries, United States ¹⁴	
Year	Cesarean Rate
1989	22.8
1990	22.7
1991	22.6
1992	22.3
1993	21.8
1994	21.2
1995	20.8
1996	20.7

- ▶ Cesarean deliveries increased five-fold since 1970.¹⁴ There have been encouraging decreases, however, in the rate in the 1990s.¹⁵
- ▶ Cesarean delivery is more costly than vaginal delivery both in terms of dollars and its effects for the mother.¹⁶ The increased recovery time required may complicate family life by delaying a woman's return to child care and work responsibilities. Controversy has recently re-emerged, however, about the level of reduction of cesarean delivery rates that can be sought without compromising quality of care.¹⁷

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17. Sachs BP, Kobelin C, Castro MA, Frigoletto F, 1999. Risk of lowering the cesarean-delivery rate. *New England Journal of Medicine* 340(1): 54-57.

References

1. Collins JG, 1997. Prevalence of selected chronic conditions: United States, 1990-1992. *Vital Health Statistics* 10(194): 1-89.
2. Benson V, Marano MA, 1998. Current estimates from the National Health Interview Survey, 1995. *Vital Health Statistics* 10(199): 80, 82.
3. Adams PF, Marano MA, 1995. Current estimates from the National Health Interview Survey, 1994. *Vital Health Statistics* 10(193): 1-520.

Issue Summary 10: Pregnancy Planning and Unintended Pregnancy

Replacement text:

Emergency contraceptive treatment (morning after pills) has been slow to enter the U.S. market. This is a consequence of past reluctance on the part of manufacturers to apply to the U.S. Food and Drug Administration for approval of their oral contraceptives as emergency contraception products — and reluctance on the part of physicians to prescribe them — due to concerns about legal liability.¹ Despite the fact that oral contraceptives have been packaged and labeled in European countries for some time, the first emergency contraception product, the “Preven Emergency Contraceptive Kit,” did not gain FDA approval until the fall of 1998.²

Primary care delivered by non-physicians seems to be equal in quality to that provided by physicians, and non-physician providers may actually do a better job of preventive care and communicating with patients.³

Although many providers already do offer integrated services (both family planning and STD services, for example), federal categorical funding streams create administrative burdens.^{4,5}

Women seeking abortions face numerous barriers:

- Prohibitions on public funding of abortions restrict the ability of poor women to end unwanted pregnancies.⁶

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Reference changes (without text changes):

4. Forrest JD, Singh S, 1990. The sexual and reproductive behavior of American women 1982-1988. *Family Planning Perspectives* 22(5): 206-214.
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Issue Summary 12: Health Care Services and Systems for Women of Reproductive Age

Reference changes (without text changes):

13. Davis K, 1997. Uninsured in an era of managed care. *Health Services Research* 31: 641-649.
15. Henshaw SK, Van Vort J, 1994. Abortion services in the United States, 1991 and 1992. *Family Planning Perspectives* 26: 100-106, 112.

Issue Summary 13: Public Health Roles Promoting the Health and Well-Being of Women

On the table, “Examples of Public Health Functions and Activities Related to Three Specific Women’s Health Concerns,” in the cell labelled “Diagnosis and investigate health problems and hazards” and “Perinatal Care,” delete “Fetal and Infant Mortality Reviews.”

Issue Summary 3: Women’s Experience of Chronic Disease

National Health Interview Survey (NHIS) data reveal that as women progress from adolescence through the childbearing years to menopause, the incidence and prevalence of chronic conditions rise.¹

Number of selected reported chronic conditions per 1,000 women, United States, 1995 ²		
Chronic Condition	< 45 years	45-64 years
Asthma	61.0	73.6
Hypertension	30.3	212.9
Diabetes	9.7	65.4
Thyroid disorders (including goiter)	14.2	48.3

Racial Comparison, rates per 1,000 persons ²				
Chronic Disease	Black		White	
	Under 45 years	45-64 years	Under 45 years	45-64 years
Asthma	69.0	60.0	61.0	52.5
Hypertension	46.1	344.7	30.1	207.8
Diabetes	8.8	121.4	7.1	55.8
Thyroid disorders (including goiter)	3.0	29.9	9.4	29.6

Common Chronic Conditions in Women, All Ages, 1990-1992 ¹			
Chronic Condition	Average annual number per 1,000	Limitation of Activity (%)*	One or more Hospitalizations (%)*
Asthma	48.1	22.2	21.7
Hypertension	120.1	11.8	8.3
Diabetes	30.6	35.7	27.0
Thyroid disorders (excluding goiter)	22.0	6.9	12.8

*Among women with the condition.

In 1994, 10 percent of women ages 18-44 reported at least some limitation of activity due to chronic conditions.³