Abortion deaths dive

Deaths from unsafe abortions were very common in South Africa, and this was an important motivating factor for the Choice on Termination of Pregnancy Act. This Act was vigorously contended and is still opposed by many. What, if any, effect has it had? In one of the *SAMJ's* shortest but nevertheless more dramatic articles Jewkes and Reese (p. 250) report that it appears to have had a marked impact on abortion-related mortality.

They draw their conclusions by comparing the number of abortion-related deaths found in the Confidential Enquiries into Maternal Deaths of the Department of Health (1999 and 2003) and the 2000 national incomplete-abortion survey with estimates of pre-legislative reform mortality found in the 1994 national incomplete-abortion survey. The data suggest that there has been a 98.1% reduction in deaths from unsafe abortion, with a possible range of 51.3 - 94.8%. This reduction in mortality is even greater than that reported in other countries, such as Romania. The authors conclude that this legislation has been extremely successful in advancing women's health and rights.

Nevirapine toxicity revisited

Recent announcements in the public press in South Africa and overseas claiming excessive toxicity of nevirapine have undermined public confidence and created doubts in the minds of many health care professionals concerning its continued use. The timely and scholarly review by Robin Wood (p. 253) provides reassuring evidence for its continued use in HIV infection.

Early in nevirapine development, a cutaneous rash occurring in the first 4 weeks of therapy was recognised as a common side-effect, and registration studies reported clinical hepatitis in approximately 1% of individuals. Nevirapine nevertheless remains one of the most commonly prescribed antiretrovirals worldwide.

Several large studies and data sets have established the safety of single-dose nevirapine alone and in combination with other antiretrovirals in a wide variety of settings. These facts and the cheapness and ease of administration continue to make it an attractive mother-to-child HIV transmission preventive strategy where more complex regimens are not available.

Use of nevirapine for post-exposure prophylaxis (PEP) has been associated with unacceptable toxicity, and as safer alternatives are available there is no role for nevirapine in PEP regimens in South Africa.

Hepatic toxicity occurs in approximately 6% of patients taking antiretroviral treatment and is due to multiple causes with various risk factors. Early hypersensitivity reactions, occurring in approximately 2% of patients, have been recognised to be a distinct clinical entity strongly associated with nevirapine use, female gender and a high CD4 count.

Long-term use of nevirapine has a similar adverse event rate to alternative therapies and therefore continues to have a major role in HIV management. Liver function tests should be performed when a nevirapine rash is present. Once a diagnosis of nevirapine hypersensitivity reaction is made, or strongly suspected, nevirapine must be discontinued and not re-challenged.

Caesarean sections revisted

An investigative article by our journalist Chris Bateman questioning the high rate of caesarean section (CS) in the private sector in a recent *SAMJ* has evoked a considered response by Rothberg and McLeod (p. 257) and an editorial by the editor (p. 192). Is the core issue one of women's (and children's) health, of consumption of scarce financial resources, of concern about doctors being exposed to medico-legal risk, or of a patient's right to choose a health intervention that may not be medically necessary? These issues are all covered by the articles.

In South Africa the patient's choice is respected in the context of medically unnecessary cosmetic procedures and probably in other areas. In the case of caesarean sections the medico-legal debate does not revolve about concern for the doctor, and in practice doctors are far more likely to be sued for not performing a CS.

Rothberg and McLeod believe that where imbalances in caesarean section rates are concerned the pieces are falling into place, so that any further intervention by bodies such as the Health Professions Council or the Department of Health is unnecessary and inappropriate. The editor concludes that where a woman has been appropriately counselled as to the risks and the alternatives, and provided there are no contraindications to the operation, she should probably have her wish if she insists on an elective caesarean section.

AIDS education flops

A large retail group initiated an HIV/AIDS peer-education programme for its employees aimed at addressing the growing epidemic. Sloan and Myers (p. 261) report on an evaluation of this programme and, disappointingly, found it to be ineffective. Its value is largely symbolic in that it only gestures at action, in contrast with more costly, comprehensive and potentially effective AIDS care programmes that include ARVs. In an accompanying editorial (p. 245) Flisher *et al*. address ways in which AIDS prevention through peer education may be addressed. These include the importance of the influence of social norms and of changing these through the use of opinion leaders. In another article, Puoane and Hughes (p. 236) note that cultural attitudes and norms also need to be understood and addressed in terms of non-communicable disease prevention.

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