frame with 15.1 and 13.9 per 100,000 diagnosed with ulcerative colitis and Crohn's disease, respectively. The incidence of IBD in Rhode Island was found to be among the highest in the world and higher than that previously reported from US populations in Minnesota and Northern California. In comparison, Minnesota previously reported an incidence of 8.8 and 7.9 per 100,000 for ulcerative colitis and Crohn's disease between 1990-2000, while the Northern California group reported incidences of 12 and 6.3 for ulcerative colitis and Crohn's disease between 1996-2002.

"Our findings show that the incidence of IBD in the United States is increasing and highlights the importance of further research into IBD, so we can better help this growing population," said Dr. Shapiro. "We still have so many unanswered questions, such as what causes IBD, how can we predict which patients will have a more complicated case and how can we identify which patients will benefit from more aggressive medical treatments early in their disease course? Most importantly, we need to focus on identifying and developing better treatments."

Dr. Shapiro stressed that further research is critical to addressing the rising prevalence of IBD and providing better treatments to the growing patient population, especially when it comes to pediatric patients. "One-third of IBD patients are diagnosed during childhood and adolescence," explained Dr. Shapiro. "Earlier intervention and identifying better, targeted treatments is especially important for this vulnerable patient population facing years of possible disease-related complications. Optimizing growth potential and ensuring normal pubertal progression in the face of IBD is a priority."

This study was funded in part by the Crohn's and Colitis Foundation of America through a grant from the Centers for Disease Control and Prevention (5U01DP004785-02). In addition to Dr. Shapiro's primary affiliation in the Hasbro Children's Hospital Division of Pediatric Gastroenterology, Nutrition and Liver Diseases, he is an assistant professor of pediatrics and medicine at The Warren Alpert Medical School of Brown University. ❖

Research shows use of steroids in women at risk for late preterm delivery reduces rate of neonatal respiratory complications

PROVIDENCE – Current recommendations are for all women who go into labor prior to 34 weeks gestation to be given antenatal corticosteroids (betamethasone) to help mature the baby's lungs. However, many babies born in the late preterm period – between 34 and 36 weeks gestation – require respiratory support at birth. A recently completed study asked the question, "Would neonates born at these later gestational ages also benefit from antenatal corticosteroids?"

The answer is "yes" and is detailed in "Antenatal Betamethasone for Women at Risk for Late Preterm Delivery," a study from the Eunice Kennedy Shriver National Institute of Child and Human Development Maternal Fetal Medicine Units Network (MFMU) with co-sponsorship from the National Heart, Lung and Blood Institute. The research was recently published in the New England Journal of Medicine.

DWIGHT ROUSE, MD, of the Division of Maternal-Fetal Medicine at Women & Infants Hospital, a professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University, and the Brown/Women & Infants principal investigator for the MFMU, said, "For many years, obstetric and pediatric providers have known that steroids administered in preterm labor help speed the development of the preterm baby's lungs at 34 weeks gestation or earlier. This new research has shown that these same steroids when given to women who are at risk for late preterm delivery can significantly reduce the rate of neonatal respiratory complications."

The multicenter, randomized trial involved approximately 2,800 women who were pregnant with one baby at 34 weeks to 36 weeks five days gestation and at high risk for late preterm delivery. The participants were randomly assigned to either receive two injections of betamethasone or placebo 24 hours apart. Researchers then looked at whether the infants needed respiratory treatment during the first 72 hours after delivery. 14.4 percent of babies in the placebo group required respiratory treatment as compared to 11.6 percent of the babies in the betamethasone group. Further, severe respiratory complications, including prolonged oxygen supplementation, surfactant use, mechanical ventilation, and a form of chronic lung disease in newborns called bronchopulmonary dysplasia also occurred significantly less frequently in the betamethasone group.

"This research supports the use of known medications that will allow us to help even more babies get the healthiest start at life," explained Dr. Rouse. "I am proud of our hardworking MFMU Network research team for their dedication to this project. I am also very grateful for the contribution of Women & Infants' obstetricians and midwives, who gave their ongoing support to this study and encouraged their patients – to whom I am also profoundly grateful – to participate. As a result, Women & Infants contributed more than ten percent of the patients enrolled in this large trial, more than any other participating hospital." ❖