

Research

The Timing of Pushing During Vaginal Delivery **1444**

It is unclear whether women in labor should be encouraged to push along with uterine contractions as soon as the cervix is completely dilated or to delay pushing to allow for spontaneous descent of the fetus. Cahill and colleagues randomized 2414 nulliparous women at or beyond 37 weeks' gestation and found that the timing of pushing efforts did not affect the rate of spontaneous vaginal delivery. In an Editorial, Sperling and Gossett recommend that outcomes of delayed pushing be studied for women in labor who have had prior pregnancies or cesarean deliveries.

E Editorial 1439

V Visual Abstract jama.com CME jamanetwork.com/learning

CARING FOR THE CRITICALLY ILL PATIENT

Polymyxin B Hemoperfusion for Septic Shock **1455**

Endotoxin, which activates the host inflammatory response and mediates the clinical syndrome of sepsis, can be removed by hemodialysis with an adsorption cartridge containing the antibiotic polymyxin B. Dellinger and colleagues for the EUPHRATES Trial Investigators randomized 450 critically ill adults who had septic shock with elevated endotoxin activity and found that polymyxin B hemoperfusion did not reduce mortality at 28 days.

Pertussis Immunization in Pregnancy **1464**

Infants who are too young to have completed their primary immunization series are at risk of developing life-threatening complications of pertussis. In a prospective cohort study of 626 pregnancies, Healy and colleagues found that immunization with tetanus, diphtheria, acellular pertussis vaccine during the third trimester of pregnancy was associated with concentrations of pertussis toxin antibodies that may be protective until the infant immunization series is started.

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Risk Factors for Spontaneous Pneumothorax **1471**

The incidence of spontaneous pneumothorax, an abnormal accumulation of air in the pleural space without antecedent trauma, is uncertain. Halifax and colleagues identified 170 929 hospital admissions for spontaneous pneumothorax in England from 1968 to 2016 and found that most were associated with chronic lung disease. In an Editorial, Savitsky and colleagues recommend that clinical outcomes be compared for patients with pneumothorax who are managed with observation, aspiration, or surgery.

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Editor in Chief
Howard Bauchner, MD

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CLINICAL UPDATE

Clinical Management of Chronic Wounds

1481



Vascular insufficiency, diabetes, skin pressure, foreign body, and infection can all contribute to the development of chronic wounds. This JAMA Insights article by Jones and colleagues discusses therapies to promote wound healing.

Bisphosphonates for Patients With Multiple Myeloma

1483

Bisphosphonate therapy prevents pathological vertebral fractures but may be associated with an increased risk of osteonecrosis of the jaw. In this JAMA Clinical Evidence Synopsis summarizing a Cochrane review of 24 randomized trials, Mhaskar and Djulbegovic discuss the associations of bisphosphonate treatment with mortality, fractures, and adverse events in patients with multiple myeloma.

Coagulation Testing and Direct Oral Anticoagulant Therapy

1485

This JAMA Diagnostic Test Interpretation article by Sholzberg and Xu presents a 74-year-old man with acute subdural hematoma who had been treated with rivaroxaban for atrial fibrillation. A test of prothrombin time was elevated. What would you do next?



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Howard Bauchner, MD,
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on this week's issue.

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Visual Abstract

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