

The National Abortion Rights Action League (NARAL) feels these amendments are such a serious threat to free choice that they are now opposing passage of this "otherwise good legislation" by the Senate. NARAL says these amendments are a more serious threat than the annual Hyde Amendment to the HEW appropriations bills because "it actually alters the law upon which court decisions that affirm the right to choose have been built—the Social Security Act."

The CHAP legislation was first introduced in April 1977. It was in-

tended to improve a current Medicaid program for children called "Early and Periodic Screening, Diagnosis, and Treatment" (EPSDT) which child advocacy groups felt had failed. CHAP, as passed by the House, also includes Medicaid coverage for all poor women during the course of pregnancy and for 60 days following pregnancy.

Undoubtedly, the Senate will pass a version of CHAP that does not have prohibitions against abortion. The Senate and House will then meet in conference committee to try to iron out the differences between

the two versions of the bill, but prospects for CHAP appear dim in this final session of the 96th Congress. If the antiabortion bias of the House is changed by the November elections, CHAP may become reality in the 97th Congress.

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Anyone wishing to contribute information or short articles on legislative or regulatory actions affecting CNMs on the state or federal levels should contact Nancy Kraus, CNM, 277 West 10th Street, New York, NY 10014.

Serum Human Placental Lactogen Compared with Free Estriol Levels
Spellacy W, Cruz A, Kalra P, et al.: Oxytocin challenge test results compared with simultaneously studied serum human placental lactogen and free estriol levels in high risk pregnant women. *Am J Obstet Gynecol* 135:917, 1979.

In further search of a single test to evaluate the status of high-risk pregnancies these authors have compared serum human placental lactogen (hPL) and free estriol levels (E_3) in their ability to predict a positive oxytocin challenge test result.

In this study a total of 149 high-risk pregnant women (all more than 34 weeks gestation) had all three tests done serially. The last set of tests of each woman was used for the comparison.

For the entire group the positive OCT rate was 15.4% (23 patients). When the hPL and free E_3 values were divided into low, middle, and high categories, a statistically significant difference in rate of positive OCT results was found for all three hPL groups. In women with hPL values greater than 6 $\mu\text{g/ml}$ the positive OCT rate was only 8%. With hPL values between 4 and 6 $\mu\text{g/ml}$, it was 15.1%, and for hPL values less than 4 $\mu\text{g/ml}$ the positive OCT rate was 42.9%.

No significant differences were noted among the three E_3 level groups.

The authors suggest that routine hPL screening of high-risk pregnant women at 34 to 36 weeks gestation could be a means of identifying those women who should be the first to receive the more expensive and time-consuming oxytocin challenge test.

IUGR Seen in Normal Birth Weight Infants

Daikoku N, Johnson J, Graf C, et al.: Patterns of intrauterine growth retardation. *Obstet Gynecol* 54:211, 1979.

This small prospective study from Johns Hopkins Division of Maternal and Fetal Medicine demonstrates various patterns of intrauterine growth retardation that can be found in both low-birth-weight (LBW) and non-LBW infants.

Seventy women judged clinically to be at risk of delivering a growth retarded infant were followed through pregnancy and delivery, and their newborns were evaluated for abnormal growth characteristics. Some newborns were characterized as slim or very slim, some were found to be short, some had small head