abnormalities, abnormal fetal scalp blood sample pH, or a combination of these." Sixthly, Dehaene et al pointed out that neonatal intensive care unit (NICU) admission is not limited to cases related to fetal compromise or SGA only. However, the majority of NICU admissions at term are AGA neonates (not SGA). Furthermore, the indication for NICU admission is not infrequently a combination of >1 factor, eg, suspected intrapartum infection (maternal pyrexia) and evidence of fetal compromise. Moreover, from a pragmatic perspective, what matters to parents is the fact that their newborn is admitted to the NICU, regardless of the indication. Finally, while we demonstrated that the cerebroplacental ratio is a marker of adverse perinatal outcome in AGA fetuses in this potentially high-risk population, Dehaene et al question whether this will hold true in a general low-risk obstetric population. We agree that it is important to answer this question and in fact investigated the predictive accuracy of the cerebroplacental ratio for intrapartum fetal compromise in a low-risk population of AGA pregnancies. The detection rate was 30% for a false-positive rate of 10%. These results are part of a manuscript that has already been submitted to this journal. ■

Asma Khalil, MD, MRCOG
St George's Hospital
St George's University of London
St George's University Hospitals National Health Service Foundation Trust
Molecular and Clinical Sciences Research Institute
London, United Kingdom
akhalil@sgul.ac.uk

The author reports no conflict of interest.

REFERENCES

1. Khalil A, Morales-Rosello J, Khan N, et al. Is cerebroplacental ratio a marker of impaired fetal growth velocity and adverse pregnancy outcome? Am J Obstet Gynecol 2017;216:606.e1-10.
2. Sovio U, White IR, Dacey A, Pasupathy D, Smith GC. Screening for fetal growth restriction with universal third trimester ultrasonography in nulliparous women in the Pregnancy Outcome Prediction (POP) study: a prospective cohort study. Lancet 2015;386:2089-97.
3. Parvin CA, Gray DL, Kessler G. Influence of assay method differences on multiple of the median distributions: maternal serum alpha-fetoprotein as an example. Clin Chem 1991;37:637-42.

 http://dx.doi.org/10.1016/j.ajog.2017.07.026

Quality of life of menopausal women with genital urinary menopause syndrome

TO THE EDITORS: The article by Gandhi et al[1] exposed aspects of genital urinary menopause syndrome and provided excellent comments on hormonal interventions, herbal therapies, vitamin supplementation vaginal lubricants, laser therapies, and lifestyle modifications used to treat this condition. We want to draw attention to lifestyle modifications relevant to the sexual component of genital urinary menopause syndrome.

Certainly today, sexual activity is more common at older ages. However, it is important to guide health professionals and older women in general to the fact that living without sexual activity or avoiding painful sex can be very positive for the quality of life of women in menopause. Unfortunately, many women are unable to have a better quality of life simply because their doctors do not ask about and discuss dyspareunia and therefore do not correctly diagnose this condition and often-associated pelvic pain.

It is important to understand that medications alone are not enough to solve all the sexual problems in menopause, but it may be necessary to change the sexual behavior[2] given that dyspareunia arises only during sexual intercourse. Women without sexual activity do not need treatment for sexual symptoms. Unfortunately, many health professionals do not know that the frequent symptoms of menopausal women, such as pelvic pain, depression, and anxiety, are consequences and not causes of dyspareunia.[3] By focusing exclusively on the use of medications to improve vaginal atrophy, health professionals disregard the potential to recommend changing sexual behavior; for example, encouraging behaviors that do not involve vaginal penetration to avoid dyspareunia and its downstream effects. ■

Angelo do Carmo Silva Matthes, PhD
Gynecology and Obstetrics
Medical School at the University of Ribeirão Preto São Paulo
Ribeirão Preto, Brazil
amatthes@unaerp.br

Gustavo Zucca Matthes, PhD
Faculty of Medicine of Botucatu—São Paulo State University
Botucatu, Brazil
Cancer Hospital of Barretos
Barretos, Brazil

The authors report no conflict of interest.

REFERENCES

1. Gandhi J, Chen A, Dagur G, et al. Genitourinary syndrome of menopause: an overview of clinical manifestations, pathophysiology, etiology, evaluation, and management. Am J Obstet Gynecol 2016;215:704-11.
2. Matthes ACS, Zucca-Matthes G. Letter to the editor: dyspareunia, an ever-present discussion. Menopause 2016;23:698.
3. Matthes ACS, Zucca-Matthes G. Measurement of vaginal flexibility and its involvement in the sexual health of women. J Womens Health Care 2016;5:302.

 http://dx.doi.org/10.1016/j.ajog.2017.07.029