

Food safety during pregnancy

While we were happy to see the issue of food safety during pregnancy addressed in the April 2010 *Motherisk Update*,¹ we were also concerned about some of the information in the article contradicting public health messages on this topic.

The authors state there is increased incidence of disease or severe outcomes for the woman or neonate. However, they also recommend that foods that might contain *Listeria monocytogenes* (eg, deli meats, soft cheeses), *Salmonella* (eg, eggs), or various bacteria, viruses, and parasites (eg, raw fish) are safe for consumption if properly handled and stored and purchased from reputable suppliers. These statements appear to contradict each other and are not supported by the literature and public health recommendations.²⁻⁵

The authors do not provide references for many of their statements or else, in certain instances, use references that are out of date or not representative of Canada. Nonpublished literature (eg, government documents, guidelines) and content experts have not been consulted to identify recent Canadian outbreaks, public health programs, and messages related to this topic.

The authors suggest that improved standards and surveillance have reduced the prevalence of contaminated foods in grocery stores and that the frequency of outbreaks has decreased. It is not possible to say whether the prevalence of contaminated foods and frequency of outbreaks have decreased. Some literature suggests that the number of outbreaks and the incidence of *Salmonella* and *Listeria* are increasing.^{6,7} Outbreaks and food recalls⁸ related to listeriosis and deli meats^{9,10} or soft cheeses,^{11,12} as well as salmonellosis and eggs,^{7,13} continue to occur.

Food stored in a refrigerator allows the growth of *Listeria*, which prefers to multiply at these temperatures.¹⁴ Proper storage therefore increases the risk of listeriosis. Proper handling of food (eg, washing hands) is recommended; however, foods such as deli meats and cheeses might already be contaminated when purchased. The consumer does not typically take additional steps at home (eg, cooking) to reduce potential pathogens in such foods. Although purchasing food from a reputable supplier with approved food safety plans is a good suggestion, even reputable suppliers can have problems on account of the ubiquitous nature of these pathogens in a food processing environment.^{9,10} Additionally, it is not possible for a pregnant woman to identify foods that have been prepared or stored appropriately in restaurants and outside of the home (eg, flash-frozen sushi, refrigerated eggs).

Finally, the authors have made some unfounded recommendations. The Public Health Agency of Canada and most provincial, territorial, and local public health authorities in Canada as well as in many other countries recommend the following^{3,4,15,16}:

- Pregnant women should avoid consuming unpasteurized milk and dairy products, soft cheeses (both pasteurized and unpasteurized), deli meats, and smoked fish owing to the potential risk of listeriosis. Such foods can only be safely eaten if heated to 74°C (165°F).
- Pregnant women and the general population should avoid consuming raw and undercooked eggs. They should store eggs in the refrigerator and wash their hands as well as any utensils or surfaces after contact with raw eggs. The use of pasteurized egg products is recommended when a recipe calls for raw eggs.
- Pregnant women and the general population should be aware that consuming raw fish, shellfish, or raw bivalves (eg, oysters) increases the risk of *Vibrio*, norovirus, and other food-borne infections.

Research has shown that health care providers might not provide sufficient information about risks associated with food safety to pregnant women and that messages should be improved and targeted.^{2,17-19} There is ongoing work in Canada to address this.

Motherisk is a valuable and credible source of information for pregnant women and their health care providers. However, as evidenced by this article¹ and another published² in the same issue of *Canadian Family Physician*, further work is needed to improve food safety knowledge among pregnant women and their health care providers.

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The top 5 articles read on-line at cfp.ca

1. **Motherisk Update:** Food-borne illnesses during pregnancy. *Prevention and treatment* (April 2010)
2. **Child Health Update:** Ketogenic diet for treatment of epilepsy (June 2010)
3. **Palliative Care Files:** Killing the symptom without killing the patient (June 2010)
4. **Motherisk Update:** Safety of antihistamines during pregnancy and lactation (May 2010)
5. **Clinical Review:** Femoroacetabular impingement syndrome. *Nonarthritic hip pain in young adults* (January 2008)

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La question me semble mal posée

Il me semble que la question qui a été posée (Les médecins de famille peuvent-ils exercer une bonne médecine sans suivre les guides de pratique clinique?) n'est pas celle qu'il fallait poser.

Il eut mieux valu demander la question suivante: Les médecins généralistes peuvent-ils exercer une bonne médecine sans s'impliquer dans une démarche EBM? La démarche EBM, ou la médecine fondée sur des preuves, consiste à intégrer les meilleures données de la recherche à la compétence clinique du soignant et aux valeurs du patient.

Entre le médecin « fou » qui appliquerait sans discernement les recommandations de pratique comme des recettes de cuisine et le médecin inconscient ne se fiant qu'à ses connaissances et à son intuition, il doit exister une forme d'exercice où les recommandations toutes imparfaites qu'elles soient (couverture incomplète du champ, faibles niveaux de preuve, conflits d'intérêts, etc.) permettent de fixer une ligne de conduite qui

jamais ne devra être normative mais qui permettra de réduire les conduites aberrantes.

Il est évident que la bonne médecine ne saurait se réduire à la seule mise en oeuvre de « bonnes » connaissances. Exercer la médecine générale requiert des compétences dans cinq champs d'activité: i) la démarche clinique spécifique (dont l'EBM, y compris la lecture critique de l'information médicale); ii) la communication avec les patients et leur entourage; iii) la gestion de l'outil professionnel; iv) les relations coordonnées avec l'environnement professionnel et les institutions sanitaires et sociales et v) les savoir-faire contribuant au développement et au rayonnement de la discipline de médecine générale.

En résumé, à la question « Les médecins généralistes peuvent-ils exercer une bonne médecine sans s'impliquer dans une démarche EBM ? » ma réponse est NON. Les guides de pratique clinique sont un mal nécessaire quoique insuffisant pour exercer une bonne médecine générale!

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Référence

1. Upshur REG. Les médecins de famille peuvent-ils exercer une bonne médecine sans suivre les guides de pratique clinique? Oui [Débats]. *Can Fam Physician* 2010;56:518-20 (Eng), 522-4 (Fr).

A fractured fairy tale

Once upon a time there were 4 little pigs named Eddie, Freddie, Maddie, and Sam who went to medical school. Eddie was the hardworking, solitary one who fought to become a doctor despite having parents who were farmers. Freddie was the driven, gregarious one who had always been wealthy and wanted it all: fame, fortune, family, and fun. Maddie was the passionate, balanced one who wanted to help people but at the same time have a family and travel. Sam was the leader.

When Eddie graduated, he went to work in his home town, Red Lake, Ont. He built a clinic with straw. He worked hard and saw patients in the hospital before starting at his clinic. He did housecalls, delivered babies, and regularly worked in the emergency department (ED). He was the quintessential fee-for-service doctor who did everything a doctor was trained to do and most things he had learned on his own. Most of the community was connected to him somehow. He worked or was on call 24/7/365. He took holidays only when he was sent on a locum. In Red Lake, Dr Eddie was a celebrity, but his family never saw him. Initially the rules gave him preferential treatment, providing Northern grants and funding for new doctors to come to town.

One day the wolf came to Eddie's home town to wreak havoc and satisfy his appetite. "Little pig, little pig, let me in," the wolf said.