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A.R.E. is employed by the American Board of Family Medicine. The remaining authors report no conflict of interest.

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REPLY



We thank Eden et al for their letter regarding an oversimplification of the medical specialties categorized as primary care in our analysis. We agree that family medicine physicians, certified nurse midwives, and advanced practice providers are important providers of maternity care services, especially in rural settings, and play a critical role closing both the maternity and substance use treatment gap for pregnant and postpartum women.

The proportion of family medicine providers providing maternity care has declined steadily over the past decade, and we were unable to account for the provision of maternity care services beyond provider specialty in our analysis.^{1,2} Because of the limitations inherent in our claims dataset, we choose to categorize family medicine providers as primary care providers.

Certified nurse midwives and other advanced practice providers (eg, nurse practitioners) are also important

providers of both maternity care and substance use treatment services, including opioid pharmacotherapy. However, nurse practitioners and physician assistants have only been able to prescribe buprenorphine through the Comprehensive Addiction and Recovery Act since early 2017, and our analysis was limited to data from 2013–2016.³ Thus, we were unable to include the important contribution from advance practice providers in our analysis.

Given that many pregnant women with opioid use disorder continue to lack access to evidence-based medication-assisted treatment, future research is needed to further understand the gaps in the substance use treatment provider workforce including the type, frequency, and quality of clinical care services beyond pharmacotherapy provided by prescribing providers. ■

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Should we absolutely reject the hypothesis that epithelium-based *Candida* biofilms contribute to the pathogenesis of human vulvovaginal candidiasis?



TO THE EDITORS: We read the article by Swidsinski et al¹ with great interest. The authors used fluorescent in situ hybridization of human vaginal tissue biopsies to demonstrate the absence of *Candida* biofilms in patients with vulvovaginal candidiasis (VVC). This is a very important finding because it

might reset the treatment target for recurrent VVC (RVVC) from biotic biofilms to invasive fungi.

However; from the microbiologic aspect, it is reasonable to assume the involvement of *Candida* biofilms in VVC and their resistance to antifungals. Although most clinical isolates