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### New and Updated Cochrane Systematic Reviews

#### Updated Reviews – February 2015

- Antenatal lower genital tract infection screening and treatment programs for preventing preterm delivery
- Antibiotic regimens for postpartum endometritis
- Group versus conventional antenatal care for women
- Zinc supplementation for improving pregnancy and infant outcome

#### New Reviews – January 2015

- Controlled cord traction for the third stage of labour

#### Updated Reviews – January 2015

- Antibiotic prophylaxis during the second and third trimester to reduce adverse pregnancy outcomes and morbidity
- Different strategies for diagnosing gestational diabetes to improve maternal and infant health
- Home uterine monitoring for detecting preterm labour
- Pneumococcal vaccination during pregnancy for preventing infant infection

### New from Up To Date

![UpToDate®](https://www.uptodate.com/contents/)
No change to recommendations for pain medicine use in pregnancy (January 2015)

Success of preterm labor induction (January 2015)

Timing of antiretroviral initiation during pregnancy (January 2015)

Maternity related topics

### Journal Articles

Please click on the blue link at the end of the abstract (where available) to access full text. You may need an Athens username and password. To register for an Athens account click [here](#).

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**Journal Articles:**

1. **A modified early obstetric warning system**
   
   Citation: British Journal of Midwifery, Dec 2014, vol. 22, no. 12, p. 862-868, 0969-4900 (December 2014)

   Author(s): Cole, Melanie F

   **Abstract:** Early warning scoring tools are embedded in the routine care of most hospitalised patients in the NHS. The underlying principles are that patients who develop serious illness will usually display abnormalities in simple physiological parameters and that if these early signs are recognised and appropriate escalation and intervention occurs, patient outcomes will be improved. Constructing a system for use in childbearing women presents a unique set
2. A randomised controlled trial of outpatient compared with inpatient cervical ripening with prostaglandin E2 (OPRA study)

**Citation:** BJOG, Jan 2015, vol. 122, no. 1, p. 94-104, 1470-0328 (January 2015)

**Author(s):** Wilkinson, C, Bryce, R, Adelson, P, Turnbull, D

**Abstract:** Objective To compare clinical outcomes from outpatient with inpatient cervical prostaglandin E2 ripening for low risk labour induction. Design Randomised controlled trial. Setting Two tertiary hospitals in Adelaide, Australia. Population Women with uncomplicated term pregnancies, scheduled for induction of labour for reasons of post-dates or for social reasons. Methods Eight hundred and twenty-seven women were randomised at induction decision to an outpatient or inpatient group. All women had CTG monitoring before and after vaginal PgE2 administration. The inpatient women were admitted and the outpatient group was discharged home overnight with instructions to return if labour established or rupture of membranes occurred. Next morning, outpatient women were admitted for rupture of membranes or further ripening. After membrane rupture, both groups received routine care. Main outcome measures Oxytocin use, maternal and fetal outcomes, and whether planned outpatient management was achievable. Results There were no significant differences in oxytocin use (2.5% difference, CI?4.3 to 9.4), caesarean sections (70.59% difference, CI76.3 to 5.1), epidural use (1.5% difference, CI?5.1 to 8.2), vaginal delivery within 24 hours (78.2% difference, CI717.6 to 1.3) or labour complications. More than half of the randomised women did not receive the intervention as they laboured spontaneously, or did not require ripening. The post-hoc analysis of women who received ripening also indicated no statistically significant differences in the patterns or results, with the exception of outpatient women having a longer mean length of active labour (mean difference 66 minutes, CI 4-128 minutes). Outpatient women who received ripening were diagnosed more frequently with non-reassuring CTG monitoring and hyperstimulation, with less than half of the women going home and remaining home overnight. Conclusions This study demonstrated no clinical advantage or disadvantage in prostaglandin E2 outpatient cervical ripening. Uterine stimulation following prostaglandins may preclude a woman from going home or remaining at home overnight and may not be the best agent for outpatient ripening. [Publication] 31 references

**Source:** BNI

**Full text:** Available BJOG: an international journal of obstetrics and gynaecology at [No link? Ask Salisbury Healthcare Library - please click here to request article.](#)

3. A Randomized Controlled Trial of a Psycho-Education Intervention by Midwives in Reducing Childbirth Fear in Pregnant Women.

**Citation:** Birth: Issues in Perinatal Care, 01 December 2014, vol./is. 41/4(384-394), 07307659

**Author(s):** Toohill, Jocelyn, Fenwick, Jennifer, Gamble, Jenny, Creedy, Debra K., Buist, Anne, Turkstra, Erika, Ryding, Elsa-Lena

**Language:** English

**Abstract:** Background Childbirth fear is associated with increased obstetric interventions and poor emotional and psychological health for women. The purpose of this study is to test an antenatal psycho-education intervention by midwives in reducing women's childbirth fear. Methods Women (n = 1,410) attending three hospitals in South East Queensland, Australia, were recruited into the BELIEF trial. Participants reporting high fear were randomly allocated to intervention (n = 170) or control (n = 169) groups. All women received a decision-aid booklet on childbirth choices. The telephone counseling intervention was offered at 24 and 34 weeks of pregnancy. The control group received usual care offered by public maternity services. Primary outcome was reduction in childbirth fear (WDEQ-A) from second trimester to 36 weeks' gestation. Secondary outcomes were improved childbirth self-efficacy, and reduced decisional conflict and depressive symptoms. Demographic, obstetric & psychometric measures were administered at recruitment, and 36 weeks of pregnancy. Results There were significant differences between groups on postintervention scores for fear of birth (p < 0.001) and childbirth self-efficacy (p = 0.002). Decisional conflict and depressive symptoms reduced but were not significant. Conclusion Psycho-education by trained midwives was effective in reducing high childbirth fear levels and increasing childbirth confidence in pregnant women. Improving antenatal emotional well-being may have wider positive social and maternity care implications for optimal childbirth experiences.

**Publication type:** journal article
4. Building resilient midwives

Citation: Essentially MIDIRS, Dec 2014, vol. 5, no. 11, p. 29., 2044-0308 (December 2014)
Author(s): Hannington, Amy
Abstract: A student midwife summarises research by Billie Hunter presented at a seminar about emotional awareness in midwifery and professional resilience. [PUBLICATION] 5 references
Source: BNI

5. Characteristics of mothers who smoke during pregnancy and factors associated with smoking cessation

Citation: MIDIRS Midwifery Digest, Dec 2014, vol. 24, no. 4, p. 531-535, 0961-5555 (December 2014)
Author(s): Agius, Andee, Gatt, Miriam, Sultana, Roberta, Calleja, Neville
Abstract: Objective: To investigate and analyse for factors that are associated with smoking and smoking cessation in pregnancy. Methods: A descriptive, cross-sectional, retrospective survey was carried out amongst 670 mothers who delivered a baby at Mater Dei Hospital, Malta between October and December 2008. Results: The overall prevalence of mothers smoking throughout their pregnancy was found to be 11.0% (CI = 8.82-13.73). Variables found to be significantly associated with smoking were: maternal age, education, marital status, locality of residence, living with a husband/partner who smoked and unplanned pregnancies. Parity was not found to be an associated factor. 'Self-discipline' and 'will power' were the main tools that helped mothers to quit or cut down the number of cigarettes smoked. The most common reasons mentioned for not stopping were 'craving for a cigarette' and 'loss of way to handle stress'; the most common reason mentioned for smoking was 'other people around you smoke'. Conclusion: Pregnancy provides a golden opportunity for the pregnant woman to stop smoking. Self-empowerment plays an important role in the ability to quit smoking. The public health challenge lies in the ability to increase the rate of cessation at such an optimal time when women are more disposed to modify their smoking behaviours and prevent relapse. Keywords: tobacco, smoking, pregnancy, associated factors. [PUBLICATION] 14 references
Source: BNI

6. Childbirth related fears and psychological birth trauma in younger and older age adolescents.

Citation: Applied Nursing Research, 01 November 2014, vol./is. 27/4(242-248), 08971897
Author(s): Anderson, Cheryl A., Gill, Mary
Language: English
Abstract: Aim: The aim of this study is to explore childbirth fears on psychological birth trauma (PBT) by adolescent age. Background: Among adults parity and intrapartum fears including fear of dying, loss of control, pain, and limited support have been associated with negative birth appraisal and symptoms of traumatic stress, defined here as PBT. Methods: This cross-sectional study surveyed a convenience sample of 201 adolescents at a large, county hospital. Results: Over 75% of adolescents perceived fear. Younger and older adolescents, similar in fears, were distinguished only by parity. The effects of parity, overall rating of fear, and father of baby absence were found to vary by age on birth appraisal; however, only parity varied by age on IES scores. Conclusions: All age adolescents can be fearful and will benefit with childbirth education and labor support to help reduce fears and subsequent PBT.
Publication type: journal article
Source: CINAHL
Full text: Available Applied nursing research : ANR at No link? Ask Salisbury Healthcare Library - please click here to request article.

7. Compound midwifery: the holistic specialist

Citation: Essentially MIDIRS, Dec 2014, vol. 5, no. 11, p. 16-19, 2044-0308 (December 2014)
Author(s): Plusted, Mariamni
Abstract: Considers the role of the midwife in the face of increasingly medicalised births, including the concept of a 'good' birth, 'normal childbirth' and the role of a specialist midwife and how they might support women in complex care scenarios. [PUBLICATION] 14 references
Source: BNI
8. Constructing the Uncertainty of Due Dates.

Citation: Health Communication, 01 December 2014, vol./is. 29/9(866-876), 10410236

Author(s): Vos, Sarah C., Anthony, Kathryn E., O’Hair, H. Dan

Language: English

Abstract: By its nature, the date that a baby is predicted to be born, or the due date, is uncertain. How women construct the uncertainty of their due dates may have implications for when and how women give birth. In the United States as many as 15% of births occur before 39 weeks because of elective inductions or cesarean sections, putting these babies at risk for increased medical problems after birth and later in life. This qualitative study employs a grounded theory approach to understand the decisions women make on how and when to give birth. Thirty-three women who were pregnant or had given birth within the past 2 years participated in key informant or small-group interviews. The results suggest that women interpret the uncertainty of their due dates as a reason to wait for birth and as a reason to start the process early; however, information about a baby’s brain development in the final weeks of pregnancy may persuade women to remain pregnant longer. The uncertainties of due dates are analyzed using Babrow’s problematic integration, which distinguishes between epistemological and ontological uncertainty. The results point to a third type of uncertainty, axiological uncertainty. Axiological uncertainty is rooted in the values and ethics of outcomes.

Publication type: journal article

Source: CINAHL

9. Does episiotomy prevent perineal trauma?

Citation: MIDIRS Midwifery Digest, Dec 2014, vol. 24, no. 4, p. 478-483, 0961-5555 (December 2014)

Author(s): Alzahrani, Hanan Ali A

Abstract: Perineal trauma is a complication that may occur as a result of an episiotomy or spontaneous tear following a vaginal birth and is an issue that has been widely studied and discussed. An episiotomy is a surgical procedure for vaginal enlargement by an incision to the perineum during the end of the second stage of labour and that is subsequently repaired by suturing. Episiotomy is performed to protect the pelvis, perineum and fetus from injury. However, this may potentially give rise to other maternal consequences which require further consideration and discussion. Several studies have focused on these consequences, such as postpartum perineal pain, blood loss, damage to the rectum, lacerations of the sphincter and dyspareunia (Aasheim et al 2011). Using data from EBSCOhost, MEDLINE, CINAHL and the Cochrane Pregnancy and Childbirth database, this study will explore the literature surrounding episiotomy, perineal trauma, suturing and the risk of negative maternal sequelae. Episiotomy is also known as a ‘relaxing incision’ to the perineum during the second stage of labour to enlarge the vulval outlet and facilitate delivery. Episiotomy is conducted for multiple reasons including avoiding perineal tear, fetal distress, to support a breech birth or occipitoposterior position, or following earlier pelvic floor and perineal reconstructive surgery. The variables associated with episiotomy include incision type and technique. The factors which increase the risk of episiotomy include macrosomia, an instrumental delivery, primigravidity, and breech vaginal birth (Okeke et al 2012). [PUBLICATION] 36 references

Source: BNI

Full text: Available MIDIRS Midwifery Digest at No link? Ask Salisbury Healthcare Library - please click here to request article.


Citation: Nutrition, 01 November 2014, vol./is. 30/11/12(1225-1241), 08999007

Author(s): Netting, Merryn J., Middleton, Philippa F., Makrides, Maria

Language: English

Abstract: Objectives: The aim of this study was to investigate the relationship between maternal diet during pregnancy and lactation and development of atopic disorders in childhood. Methods: We included studies published up to August 2011 that assessed food-based maternal dietary interventions or that examined associations between maternal dietary intake during pregnancy and/or lactation and allergic outcomes (eczema, asthma, hay fever, and sensitization) in their children. Results: We included 42 studies (>40 000 children): 11 intervention studies (including 7 randomized control trials), 26 prospective cohort studies, 4 retrospective cohort studies, and 1 case-control study. In the randomized control trials, no significant difference was noted overall in the prevalence of eczema and asthma in the offspring of women on diets free from common food allergens during pregnancy. The prospective cohorts investigated a large number of potential associations, but reported few significant associations between maternal dietary intake and
development of allergy. Maternal diets rich in fruits and vegetables, fish, and foods containing vitamin D and Mediterranean dietary patterns were among the few consistent associations with lower risk for allergic disease in their children. Foods associated with higher risk included vegetable oils and margarine, nuts, and fast food. Conclusion: This review did not find widespread or consistent links between mothers' dietary intake and atopic outcomes in their children. However, maternal consumption of Mediterranean dietary patterns, diets rich in fruits and vegetables, fish, and vitamin D-containing foods were suggestive of benefit, requiring further evaluation.

Publication type: journal article
Source: CINAHL
Full text: Available Nutrition at Nutrition

11. Effectiveness of progestogens to improve perinatal outcome in twin pregnancies: an individual participant data meta-analysis
Citation: BJOG, Jan 2015, vol. 122, no. 1, p. 27-37, 1470-0328 (January 2015)
Abstract: Background In twin pregnancies, the rates of adverse perinatal outcome and subsequent long-term morbidity are substantial, and mainly result from preterm birth (PTB). Objectives To assess the effectiveness of progestogen treatment in the prevention of neonatal morbidity or PTB in twin pregnancies using individual participant data meta-analysis (IPDMA). Search strategy We searched international scientific databases, trial registration websites, and references of identified articles. Selection criteria Randomised clinical trials (RCTs) of 17-hydroxyprogesterone caproate (17Pc) or vaginally administered natural progesterone, compared with placebo or no treatment. Data collection and analysis Investigators of identified RCTs were asked to share their IPD. The primary outcome was a composite of perinatal mortality and severe neonatal morbidity. Prespecified subgroup analyses were performed for chiorionicity, cervical length, and prior spontaneous PTB. Main results Thirteen trials included 3768 women and their 7536 babies. Neither 17Pc nor vaginal progesterone reduced the incidence of adverse perinatal outcome (17Pc relative risk, RR 1.1; 95% confidence interval, 95% CI 0.97-1.4, vaginal progesterone RR 0.97; 95% CI 0.77-1.2). In a subgroup of women with a cervical length of ≥25 mm, vaginal progesterone reduced adverse perinatal outcome when cervical length was measured at randomisation (15/56 versus 22/60; RR 0.57; 95% CI 0.97-1.1). In a subgroup of women with a cervical length of <25 mm, vaginal progesterone reduced adverse perinatal outcome when cervical length was measured at randomisation (15/56 versus 22/60; RR 0.57; 95% CI 0.47-0.70) or before 24 weeks of gestation (14/52 versus 21/56; RR 0.56; 95% CI 0.42-0.75). Author’s conclusions In unselected women with an uncomplicated twin gestation, treatment with progestogens (intramuscular 17Pc or vaginal natural progesterone) does not improve perinatal outcome. Vaginal progesterone may be effective in the reduction of adverse perinatal outcome in women with a cervical length of ≥25 mm; however, further research is warranted to confirm this finding. [Publication] 38 references
Source: BNI
Full text: Available BJOG : an international journal of obstetrics and gynaecology at No link? Ask Salisbury Healthcare Library - please click here to request article.

12. Effects of eating and drinking in labour on maternal and perinatal outcomes in low-risk women
Citation: MIDIRS Midwifery Digest, Dec 2014, vol. 24, no. 4, p. 467-475, 0961-5555 (December 2014)
Author(s): Ssengabadda, Phinah Agbakoba
Abstract: The risks and benefits of eating and drinking during pre- and post-operative care have been examined in health and social care provision for a long time (Champion & McCormick 2002). According to the World Health Organization's (WHO) seminal practical guide on normal birth, eating and drinking remains a controversial subject (WHO 1999). Consequently, obstetricians, midwives and anaesthetists argue about whether restricting oral intake in labour produces better outcomes for the mother and baby (Sharps-Hopko 2010). Historically, women in the UK mainly gave birth in their own homes in the company of other women who acted as midwives (McCourt 2009). This suggests that birth was a social event where women were in control, in their own environment and made decisions about their labour including eating and drinking. Conversely, by the 1920s qualified midwives delivered all babies and only called upon male surgeons when an obstructed labour occurred (Beech & Phipps 2008). The presence of men at the birth gradually became normalised and the place of birth shifted from the home to the hospital (McCourt 2009). Furthermore, in the 1940s general anaesthesia was introduced and it became routine for all women to be anaesthetised during the second stage of labour (McCourt 2009). Consequently, there was an increasing maternal mortality rate which inspired Dr Mendelson in 1946 to study the aspiration of gastric contents in childbearing women
(Champion & McCormick 2002). Despite the discrepancies in Dr Mendelson's seminal study, which revealed an aspiration incidence of 1.5 per 1000 deliveries, recommendations were made not to feed women during labour in view of the risk of pulmonary aspiration (Mendelson's syndrome) leading to perinatal mortality (Simkin et al 2005, Fraser & Mukhopadhyay 2009). This suggested that birth was a risky process which had to be carefully monitored. According to Beech & Phipps (2008) the medicalisation of childbirth has been applied to a natural physiological event thus limiting women's choices. It appears that childbirth has moved from a midwifery model of care to that of a medical model of care. Moreover, midwives' approach of care views the mother and baby as one. It is holistic, woman-centred and includes a partnership, the midwife working with the woman, whereas the medical model views the mother and the fetus as two separate beings that need to be treated as such (Aslam & Brydon 2009, Donna 2011). Nonetheless, the Nursing and Midwifery Council (NMC 2012) stipulate that midwives are only skilled in 'normality' and therefore should refer women to other members of the interprofessional team if deviation from 'normality' occurs (Sinclair 2002). Therefore, determining the risk status of every pregnant woman throughout childbearing is paramount in the provision of safe and appropriate care (Lewis 2007, NPSA 2005). It appears that the woman's risk status determines the management of their care. Explicitly, they are either midwife- or doctor-led. In addition Walsh et al (2008) state that the increasing expectations from families have led to the demand of thorough risk assessment. Equally, the increasing litigation rates where families are asking for compensation, due to suboptimal care, are increasing National Health Service (NHS) costs (Wanless et al 2007, Griffith 2012, NHSLA 2012). The Department of Health (DH 2007) urges midwives to consider all the risk factors, including women's choices during labour, by using available evidence to interpret risk within their professional context. Although midwives, being lead professionals for low-risk women, may appear to be cost effective for the NHS compared to doctor-led care, this aspect of midwifery has also led to inconsistency in practice. Every midwife practices differently based on their experience, confidence, competence, perception of normality and application of safe practice (Raynor 2005, Walsh 2006). Furthermore, the expansion of midwives' roles and increasing work load pressures has led to defensive practice (NHSLA 2012). This is contrary to The King's Fund (2013) which recommends that professionals are open and honest in order not to compromise patient's care and safety. Moreover, despite the National Institute for Health and Care Excellence (NICE 2007) and the Dartford and Gravesham NHS Trust local policy (Dartford and Gravesham NHS Trust 2012) that low-risk women consume a light diet in labour, unless a risk arises that makes general anaesthesia more likely, it is still up to the individual midwife's preference to feed or not feed women in labour. Therefore, the purpose of this assignment is to reflectively and systematically examine and contextualise the available evidence on the effects of oral intake during childbirth. The associated maternal and perinatal outcomes in low-risk women will also be examined and the rationale behind restriction of oral intake in labour will be highlighted. The literature review will aid current evidence-based practice and enable safe decision making around the management of oral intake in labour, while contributing to women's birth satisfaction by providing more informed choice. [PUBLICATION] 66 references

**Source:** BNI

**Full text:** Available *MIDIRS Midwifery Digest* at No link? Ask Salisbury Healthcare Library - please click here to request article.

13. **Fear in childbirth: are the media responsible?**

**Citation:** MIDIRS Midwifery Digest, Dec 2014, vol. 24, no. 4, p. 444-447, 0961-5555 (December 2014)

**Author(s):** Hundleby, Vanora, Duff, Elizabeth, Van Teijlingen, Joanne Dewberry, Ann Luce, Edwin

**Abstract:** This is the second year that the Centre for Midwifery, Maternal and Perinatal Health convened a debate as part of the Festival of Learning at Bournemouth University (BU). The debate encourages members of the public and service users to get involved in our research and education and ensures that what we do at BU is relevant and current. Last year the team debated the pros and cons of allowing women free choice with regard to major medical interventions, such as caesarean section (CS) (Hundleby et al 2013). This year the focus was on the role of the media in childbirth. Social perceptions and beliefs about childbirth can increase women’s requests for interventions, such as CS, with long-term health implications for mothers and babies. The debate was planned to explore the role of the mass media in shaping these beliefs and identify whether media portrayals are responsible for rising rates of intervention. Attendees were given the opportunity to voice their views and to vote for or against the motion. The motion for debate was: This house believes that: The media is responsible for creating fear in childbirth. Chaired by Vanora Hundleby, professor of midwifery in the School of Health and Social Care, the event was a competitive debate with the teams taking it in turn to present their case either for or against the motion (Figure 1). Each team was made up of a media representative and an academic. [PUBLICATION] 8 references

**Source:** BNI

**Full text:** Available *MIDIRS Midwifery Digest* at No link? Ask Salisbury Healthcare Library - please click here to request article.
14. First- and second-trimester tests to predict stillbirth in unselected pregnant women: a systematic review and meta-analysis

Citation: BJOG, Jan 2015, vol. 122, no. 1, p. 41-55, 1470-0328 (January 2015)

Author(s): Conde-Aguedelo, A, Bird, S, Kennedy, SH, Villar, J, Papageorghiou, AT

Abstract: Background Several biophysical and biochemical tests have been proposed to predict stillbirth but their predictive ability remains unclear. Objective To assess the accuracy of tests performed during the first and/or second trimester of pregnancy to predict stillbirth in unselected women with singleton, structurally and chromosomally normal fetuses through use of formal methods for systematic reviews and meta-analytic techniques. Search strategy Electronic databases, bibliographies and conference proceedings. Selection criteria Observational studies that evaluated the predictive accuracy for stillbirth of tests performed during the first two trimesters of pregnancy. Data collection and analysis Two reviewers selected studies, assessed risk of bias and extracted data. Summary receiver operating characteristic curves, pooled sensitivities, specificities and likelihood ratios (LRs) were generated. Data were synthesised separately for stillbirth as a sole category and for specific stillbirth categories. Main results Seventy-one studies, evaluating 16 single and five combined tests, met the inclusion criteria. A uterine artery pulsatility index >90th centile during the second trimester and low levels of pregnancy-associated plasma protein A (PAPP-A) during the first trimester had a moderate to high predictive accuracy for stillbirth related to placental abruption, small-for-gestational-age or pre-eclampsia (positive and negative LRs from 6.3 to 14.1, and from 0.1 to 0.4, respectively). All biophysical and biochemical tests assessed had a low predictive accuracy for stillbirth as a sole category. Conclusions Currently, there is no clinically useful first-trimester or second-trimester test to predict stillbirth as a sole category. Uterine artery pulsatility index and maternal serum PAPP-A levels appeared to be good predictors of stillbirth related to placental dysfunction disorders. [Publication] 109 references

Source: BNI

Full text: Available BJOG : an international journal of obstetrics and gynaecology at No link? Ask Salisbury Healthcare Library - please click here to request article.

15. Helping women prepare for hyperemesis gravidarum

Citation: British Journal of Midwifery, Dec 2014, vol. 22, no. 12, p. 847-852, 0969-4900 (December 2014)

Author(s): Dean, Caitlin

Abstract: Hyperemesis gravidarum is a serious complication of pregnancy presenting as prolonged and severe nausea and vomiting causing dehydration, malnutrition and significant morbidity. Women with a history of hyperemesis gravidarum have around an 80% chance of suffering in subsequent pregnancies. Careful and thorough planning in advance of future pregnancy can significantly reduce the overall severity of symptoms and improve the psychosocial welfare of the women as well as pregnancy outcomes. This article explores the various aspects of a thorough prophylactic care plan to optimise the outcomes of future pregnancies and reduce the morbidity associated with hyperemesis gravidarum. The evidence-base for the following aspects are discussed to ensure a holistic care plan can be developed: physical preparation, prophylactic medication, criteria to assess deterioration, further treatment options if required, and psychosocial management [PUBLICATION] 37 references

Source: BNI

Full text: Available EBSCOhost at British Journal of Midwifery

16. Hypertension, snoring, and obstructive sleep apnoea during pregnancy: a cohort study

Citation: BJOG, Dec 2014, vol. 121, no. 13, p. 1685-1693, 1470-0328 (December 2014)


Abstract: Objective To assess the frequency of obstructive sleep apnoea among women with and without hypertensive disorders of pregnancy. Design Cohort study. Setting Obstetric clinics at an academic medical centre. Population Pregnant women with hypertensive disorders (chronic hypertension, gestational hypertension, or pre-eclampsia) and women who were normotensive. Methods Women completed a questionnaire about habitual snoring and underwent overnight ambulatory polysomnography. Main outcome measures The presence and severity of obstructive sleep apnoea. Results Obstructive sleep apnoea was found among 21 of 51 women with hypertensive disorders (41%), but in only three of 16 women who were normotensive (19%, chi-square test, P = 0.005). [Author correction added on 16 June 2014, after first online publication: Results mentioned in the abstract were amended.] Non-snoring women with hypertensive disorders typically had mild obstructive sleep apnoea, but >25% of snoring women with hypertensive...
disorders had moderate to severe obstructive sleep apnoea. Among women with hypertensive disorders, the mean apnoea/hypopnoea index was substantially higher in snorers than in non-snorers (19.9 ± 34.1 versus 3.4 ± 3.1, \( P = 0.013 \)), and the oxyhaemoglobin saturation nadir was significantly lower (86.4 ± 6.6 versus 90.2 ± 3.5, \( P = 0.021 \)). Among women with hypertensive disorders, after stratification by obesity, the pooled relative risk for obstructive sleep apnoea in snoring women with hypertension compared with non-snorers with hypertension was 2.0 (95% CI 1.4-2.8). Conclusions Pregnant women with hypertension are at high risk for unrecognised obstructive sleep apnoea. Although longitudinal and intervention studies are urgently needed, given the known relationship between obstructive sleep apnoea and hypertension in the general population, it would seem pertinent that hypertensive pregnant women who snore should be tested for obstructive sleep apnoea, a condition believed to cause or promote hypertension. This article is commented on by Facco F. p. 1694 in this issue. [Publication] 71 references

Source: BNI
Full text: Available BJOG : an international journal of obstetrics and gynaecology at No link? Ask Salisbury Healthcare Library - please click here to request article.

17. Identifying maternal risk factors associated with Fetal Alcohol Spectrum Disorders: a systematic review.
Citation: European Child & Adolescent Psychiatry, 01 October 2014, vol./is. 23/10(877-889), 10188827
Author(s): Esper, Larissa, Furtado, Erikson
Language: English
Abstract: To identify the demographic, psychological, and social maternal risk factors associated with the development of Fetal Alcohol Spectrum Disorders (FASD). A bibliographic search was conducted in PubMed, SciELO, Lilacs, Web of Knowledge, and PsycINFO. The Newcastle-Ottawa Quality Assessment Scale (NOS) was used to evaluate the quality of the studies with case-control design. Articles were selected based on their relevance and presentation of data related to statistical comparisons of at least one or more demographic, psychological, or social maternal risk factors for FASD. 738 references were identified, of which 15 met the criteria to be included in the present review. Mothers of FASD children tend to: be older at the time of birth of the affected child, present lower educational level, have other family relatives with alcohol abuse, have other children with FASD, present a pattern of little prenatal care and a distinguishing pattern of alcohol consumption (alcohol use before and during pregnancy, failure to reduce alcohol use during pregnancy, and frequent episodes of binge drinking). Application of the NOS scale of methodological quality indicated that 8 studies (53 %) met the criterion for selection, 4 (27 %) were suitable for the criterion for comparability and only 4 studies were suitable for the exposition criterion. Mothers of FASD children have a distinctive pattern of drinking and accumulate several social risk factors. Maternal age at birth of the child seems to accentuate the risk. There are, however, few controlled studies that are adequate according to the NOS requirements for methodological quality. Fewer are based on the verification of a theoretical model. Clinicians should be aware of the relevance of preventive assessment of FASD risk mothers.
Publication type: journal article
Source: CINAHL

Citation: Maternal & Child Health Journal, 01 December 2014, vol./is. 18/10(2362-2370), 10927875
Author(s): Krans, Elizabeth, Moloci, Nicholas, Housey, Michelle, Davis, Matthew
Language: English
Abstract: To evaluate providers’ perspectives regarding the delivery of prenatal care to women with psychosocial risk factors. A random, national sample of 2,095 prenatal care providers (853 obstetricians and gynecologists (Ob/Gyns), 270 family medicine (FM) physicians and 972 midwives) completed a mailed survey. We measured respondents’ practice and referral patterns regarding six psychosocial risk factors: adolescence (age ≤19), unstable housing, lack of paternal involvement and social support, late prenatal care (>13 weeks gestation), domestic violence and drug or alcohol use. Chi square and logistic regression analyses assessed the association between prenatal care provider characteristics and prenatal care utilization patterns. Approximately 60 % of Ob/Gyns, 48.4 % of midwives and 32.2 % of FM physicians referred patients with psychosocial risk factors to clinicians outside of their practice. In all three specialties, providers were more likely to increase prenatal care visits with alternative clinicians (social workers, nurses, psychologists/psychiatrists) compared to themselves for all six psychosocial risk factors. Drug or alcohol use and intimate partner violence were the risk factors that most often prompted an increase in utilization. In multivariate analyses, Ob/Gyns who recently completed clinical training were significantly more likely to increase prenatal care utilization with either themselves (OR 2.15; 95 % CI 1.14-4.05) or an alternative clinician (2.27; 1.00-4.67) for women with high psychosocial risk pregnancies. Prenatal care providers frequently involve alternative clinicians such as social
workers, nurses and psychologists or psychiatrists in the delivery of prenatal care to women with psychosocial risk factors.

**Publication type:** journal article  
**Source:** CINAHL  
**Full text:** Available *Maternal and child health journal* at No link? Ask Salisbury Healthcare Library - please click here to request article.

### 19. Impact of third- and fourth-degree perineal tears at first birth on subsequent pregnancy outcomes: a cohort study

**Citation:** BJOG, Dec 2014, vol. 121, no. 13, p. 1695-1703, 1470-0328 (December 2014)  
**Author(s):** Edozien, LC, Guroi-Urganci, I, Cromwell, DA, Adams, EJ, Richmond, DH, Mahmood, TA, Meulen, JH  
**Abstract:** Objective To investigate, among women who have had a third- or fourth-degree perineal tear, the mode of delivery in subsequent pregnancies as well as the recurrence rate of third- or fourth-degree tears. Design A retrospective cohort study of deliveries using a national administrative database. Setting The English National Health Service between 1 April 2004 and 31 March 2012. Population A total of 639 402 primiparous women who had a singleton, term, vaginal live birth between April 2004 and March 2011, and a second birth before April 2012. Methods Multivariable logistic regression models were used to estimate odds ratios, adjusted for other risk factors. Main outcome measures Mode of delivery and recurrence of tears at second birth. Results The rate of elective caesarean at second birth was 24.2% for women with a third- or fourth-degree tear at first birth, and 1.5% for women without (adjusted odds ratio, aOR 18.3, 95% confidence interval, 95% CI 16.4-20.4). Among women who had a vaginal delivery at second birth, the rate of third- or fourth-degree tears was 7.2% for women with a third- or fourth-degree tear at first birth, compared with 1.3% for women without (aOR 5.5, 95% CI 5.2-5.9). Conclusions The risk of a severe perineal tear is increased five-fold in women who had a third- or fourth-degree tear in their first delivery. This increased risk should be taken into account when decisions about mode of delivery are made. This article is commented on by Barber MD. p. 1704 in this issue. [Publication] 59 references  
**Source:** BNI  
**Full text:** Available *BJOG : an international journal of obstetrics and gynaecology* at No link? Ask Salisbury Healthcare Library - please click here to request article.

### 20. Intrapartum care of healthy women and their babies: summary of updated NICE guidance

**Citation:** BMJ (Clinical Research Edition), Dec 2014, vol. 349, no. 7987, p. g6886., 0959-8138 (December 13, 2014)  
**Author(s):** Nunes, Vanessa Delgado, Gholitabar, Maryam, Sims, Jessica Mai, Bewley, Susan  
**Abstract:** The care that a woman receives during labour has the potential to affect the woman herself, both physically and emotionally, and the health of her baby in the short and longer term. Good communication, support, and compassion from staff, as well as having her wishes respected, can help her feel in control of what is happening and help make birth a positive experience for the woman and her birth companion(s). About 700,000 women give birth in England and Wales each year. Most are healthy, have a straightforward pregnancy, go into labour spontaneously, and give birth to a single baby after 37 weeks of pregnancy. Uncertainty around consistent practice and the availability of new evidence necessitated an update of 2007 guidance from the National Institute for Health and Care Excellence (NICE) on intrapartum care. 1 This article summarises the most recent recommendations from NICE on the care of healthy women who go into labour at term (37-41 weeks’ gestation) (Clinical Guideline CG190). 2 [PUBLICATION]  
**Source:** BNI  
**Full text:** Available *BMJ* at The BMJ

### 21. Is caseload midwifery care the best practice? A review of the literature

**Citation:** MIDIRS Midwifery Digest, Dec 2014, vol. 24, no. 4, p. 431-435, 0961-5555 (December 2014)  
**Author(s):** Correa, Suzan  
**Abstract:** According to the Nursing and Midwifery Council’s rules and standards (NMC 2012), a midwife has a statutory duty of care. Following the Midwives Act, 1902 (Anon 1904) and the setting up of the National Health Service in 1948, midwifery care has evolved following the Department of Health and Social Security Office, Central Health Services Council, Standing Maternity and Midwifery Advisory Committee's report (DHSSO/CHSC/SMMC 1970), Maternity care in action (Maternity Services Advisory Committee 1982), Changing childbirth (DH 1993) and Maternity matters (DH 2007). In the 1950s, midwifery care was based on the traditional hospital, with the involvement of consultants and other professionals, and a model of shared care was used. The midwife became the lead professional following the domino system (Cox 1987). Throughout the UK, models of care such as team midwifery and caseload midwifery were
Supported midwifery care (CMC) was introduced in the mid-1980s and is still currently practised in some NHS maternity units, with the aim of offering midwifery-led services, promoting normality and attending to the needs of a cost-effective service which will satisfy the users (Page 2003). Caseload midwifery care (CMC) was first implemented in London in 1993 in two maternity units (DH 1993). [PUBLICATION] 41 references

Source: BNI

Full text: Available MIDIRS Midwifery Digest at No link? Ask Salisbury Healthcare Library - please click here to request article.

22. Patient Report of Guideline-Congruent Gestational Weight Gain Advice From Prenatal Care Providers: Differences by Prepregnancy BMI.

Citation: Birth: Issues in Perinatal Care, 01 December 2014, vol./is. 41(4(353-359), 07307659

Author(s): Waring, Molly E., Moore Simas, Tiffany A., Barnes, Katharine C., Terk, Daniel, Baran, Inna, Pagoto, Sherry L., Rosal, Milagros C.

Language: English

Abstract: Background Prenatal care provider weight gain advice consistent with the Institute of Medicine recommendations is related to guideline-adherent gestational weight gain (GWG), yet many women may not receive guideline-congruent advice. We examined pregnant women's recall of prenatal care provider GWG advice in relation to prepregnancy body mass index (BMI). Methods We conducted a prospective cohort study of women (n = 149) receiving prenatal care for a singleton pregnancy at a large academic medical center in 2010. Data were collected via a survey during late pregnancy and medical record abstraction. Results Thirty-three percent of women did not recall receiving the provider GWG advice; 33 percent recalled advice consistent with 2009 Institute of Medicine recommendations. Recalled advice differed by prepregnancy BMI: 29 percent of normal weight, 26 percent of overweight, and 45 percent of obese women reported not receiving advice, and 6, 37, and 39 percent, respectively, recalled advice exceeding Institute of Medicine recommendations. Among the 62 percent who recalled that their provider had labeled their prepregnancy BMI, 100 percent of normal weight, 32 percent of overweight, and 23 percent of obese women recalled the labels 'normal weight,' 'overweight,' and 'obese,' respectively. Conclusions Helping providers give their patients memorable and guideline-consistent GWG advice is an actionable step toward preventing excessive GWG and associated maternal and child health consequences.

Publication type: journal article

Source: CINAHL

Full text: Available Birth at Birth

23. Professional breastfeeding support for first-time mothers: a multicentre cluster randomised controlled trial

Citation: BJOG, Dec 2014, vol. 121, no. 13, p. 1673-1683, 1470-0328 (December 2014)

Author(s): Fu, ICY, Fong, DYT, Heys, M, Lee, ILY, Sham, A, Tarrant, M

Abstract: Objective To evaluate the effect of two postnatal professional support interventions on the duration of any and exclusive breastfeeding. Design Multicentre, three-arm, cluster randomised controlled trial. Population A cohort of 722 primiparous breastfeeding mothers with uncomplicated, full-term pregnancies. Methods The three study interventions were: (1) standard postnatal maternity care; (2) standard care plus three in-hospital professional breastfeeding support sessions, of 30-45 minutes in duration; or (2) standard care plus weekly post-discharge breastfeeding telephone support, of 20-30 minutes in duration, for 4 weeks. The interventions were delivered by four trained research nurses, who were either highly experienced registered midwives or certified lactation consultants. Main outcome measures Prevalence of any and exclusive breastfeeding at 1, 2, and 3 months postpartum. Results Rates of any and exclusive breastfeeding were higher among participants in the two intervention groups at all follow-up points, when compared with those who received standard care. Participants receiving telephone support were significantly more likely to continue any breastfeeding at 1 month (76.2 versus 67.3%; odds ratio, OR 1.63, 95% confidence interval, 95% CI 1.10-2.41) and at 2 months (58.6 versus 48.9%; OR 1.48, 95% CI 1.04-2.10), and to be exclusively breastfeeding at 1 month (28.4 versus 16.9%; OR 1.89, 95% CI 1.24-2.90). Participants in the in-hospital support group were also more likely to be breastfeeding at all time points, but the effect was not statistically significant. Conclusions Professional breastfeeding telephone support provided early in the postnatal period, and continued for the first month postpartum, improves breastfeeding duration among first-time mothers. It is also possible that it was the continuing nature of the support that increased the effectiveness of the intervention, rather than the delivery of the support by telephone

Citation: Clinical Obstetrics & Gynecology, 01 December 2014, vol./is. 57/4(806-826), 00099201

Author(s): Gei, Alfredo, Montufar-Rueda, Carlos

Language: English

Abstract: Pulmonary hypertension is a syndrome infrequently associated with pregnancy. Despite advancements in therapy during the past 25 years and encouraging reports of improved outcomes, pulmonary arterial hypertension remains a devastating disease with a significantly reduced lifespan. This disorder should still be considered a contraindication to pregnancy. The decision of a patient to continue the pregnancy should be supported by an empathetic group of health care professionals who would optimize their treatment and hopefully their pregnancy outcomes and survival after delivery. We overview here different aspects of the diagnosis, evaluation, management, and counseling of patients suffering from pulmonary hypertension during pregnancy.

Publication type: journal article

Source: CINAHL

Full text: Available Clinical obstetrics and gynecology at No link? Ask Salisbury Healthcare Library - please click here to request article.

25. Reflecting on a birth discussion service

Citation: Essentially MIDIRS, Dec 2014, vol. 5, no. 11, p. 21-23, 2044-0308 (December 2014)

Author(s): Grayson, April

Abstract: Many maternal units in the UK now offer a 'birth discussion' or 'reflections' service, where mothers and their partners can spend time with a senior midwife reviewing their notes and birth experience. The service is offered to help women understand the decisions made and events that took place during labour and birth, and to address any issues and answer any questions they may have. This article describes just such a discussion service in a UK hospital and includes reasons that people gave for using the service and the affect the Francis Report has had in encouraging the establishment of discussion services. [PUBLICATION] 2 references

Source: BNI


Citation: Journal of Women's Health, Dec 2014, vol. 23, no. 12, p. 1033-1038, 1540-9996 (December 2014)

Author(s): Harland, Karisa K., Saftlas, Audrey F., Yankowitz, Jerome, Peek-Asa, Corinne

Abstract: Background: The prevalence of injuries during pregnancy is largely underestimated, as previous research has focused on more severe injuries resulting in emergency department visits and hospitalizations. The objective of our study was to estimate the frequency, risk factors, and causes of injuries in a population-based sample of pregnant women. Methods: This article is an analysis of postpartum interviews among the control series from a case-control study (n=1,488). Maternal, pregnancy, and environmental characteristics associated with injury during pregnancy in control subjects were examined to identify population-based risk factors for injury. We collected data on self-reported injury during pregnancy, including the month of pregnancy, whether medical attention was sought, the mechanism of injury, and the number and location of bodily injuries. Logistic regression was used to calculate unadjusted and adjusted odds ratios (aORs) of injury. Results: Over 5% of women reported an injury during pregnancy, with falls being the most common mechanism of injury. Women at highest adjusted risk for injury had unintended pregnancies (aOR: 2.28 [1.40-3.70]) and no partner during pregnancy (aOR: 2.45 [1.16-5.17]) relative to women without injuries. Conclusions: Pregnant women with risk factors for many pregnancy-related complications are also at increased risk of injury during pregnancy. Further studies of pregnancy-related injuries are needed to consider environmental and maternal characteristics on risk of injury. [PUBLICATION] 22 references

Source: BNI

27. Sequential use of double-balloon catheter and oral misoprostol versus oral misoprostol alone for induction of labour at term (CRBplus trial): a multicentre, open-label randomised controlled trial

Citation: BJOG, Jan 2015, vol. 122, no. 1, p. 129-136, 1470-0328 (January 2015)

Author(s): Kehl, S, Ziegler, J, Schleussner, E, Tuschy, B, Berlit, S, Kirscht, J, Hagele, F, Weiss, C, Siemer, J, Sutterlin, M

Abstract: Objective To evaluate the efficacy of inducing labour using a double-balloon catheter and oral misoprostol sequentially, in comparison with oral misoprostol alone. Design A multicentre randomised controlled trial. Setting Five hospitals in Germany. Population A total of 326 pregnant women with an unfavourable cervix undergoing labour induction at term. Methods Women were randomly assigned according to a computer-generated allocation sequence to sequential use of double-balloon catheter and oral misoprostol (study group) or oral misoprostol alone (control group). In the study group, the double-balloon catheter was used the first day before starting oral misoprostol the second day. Main outcome measures The primary outcome measure was the induction-to-delivery interval, and a further outcome parameter was delivery within 48 hours. Results The median times for induction of labour until delivery were 32.4 hours in the study group and 22.5 hours in the control group (P = 0.004). This difference was not seen when evaluating according to parity (nulliparous, P = 0.19; parous, P = 0.06). The rate of vaginal delivery within 48 hours did not differ between both groups. The number of applications of misoprostol (two versus three, P

Source: BNI
Full text: Available BJOG : an international journal of obstetrics and gynaecology at No link? Ask Salisbury Healthcare Library - please click here to request article.

28. Should alcohol abuse in pregnancy entail criminal liability?

Citation: British Journal of Midwifery, Dec 2014, vol. 22, no. 12, p. 902-903, 0969-4900 (December 2014)

Author(s): Symon, Andrew

Abstract: A case being heard in the Court of Appeal has raised the vexed issue of whether a pregnant woman could be held criminally liable if her actions damage her unborn child. The case concerns a woman who, despite warnings from health professionals and social workers, continued to drink excessive amounts of alcohol while pregnant. Her daughter, now aged 7 and in local authority care, was born with fetal alcohol syndrome.

[PUBLICATION] 6 references

Source: BNI
Full text: Available EBSCOhost at British Journal of Midwifery

29. The ‘active ingredients’ for successful community engagement with disadvantaged expectant and new mothers: a qualitative comparative analysis

Citation: Journal of Advanced Nursing, Dec 2014, vol. 70, no. 12, p. 2847-2860, 0309-2402 (December 2014)

Author(s): Brunton, Ginny, O'Mara-Eves, Alison, Thomas, James

Abstract: Aims. To explore which conditions of community engagement are implicated in effective interventions targeting disadvantaged pregnant women and new mothers. Background. Adaptive experiences during pregnancy and the early years are key to reducing health inequalities in women and children worldwide. Public health nurses, health visitors and community midwives are well placed to address such disadvantage, often using community engagement strategies. Such interventions are complex; however, and we need to better understand which aspects of community engagement are aligned with effectiveness. Design. Qualitative comparative analysis conducted in 2013, of trials data included in a recently published systematic review. Methods. Two reviewers agreed on relevant conditions from 24 maternity or early years intervention studies examining four models of community engagement. Effect size estimates were converted into ‘fuzzy’ effectiveness categories and truth tables were constructed. Using fsQCA software, Boolean minimization identified solution sets. Random effects multiple regression and fsQCA were conducted to rule out risk of methodological bias. Results/findings. Studies focused on antenatal, immunization, breastfeeding and early professional intervention outcomes. Peer delivery (consistency 0·83; unique coverage 0·63); and mother-professional collaboration (consistency 0·833; unique coverage 0·21) were moderately aligned with effective interventions. Community-identified health need plus consultation/collaboration in intervention design and leading on delivery were weakly aligned with 'not effective' interventions (consistency 0·78; unique coverage 0·29). Conclusions. For disadvantaged new and expectant mothers, peer or collaborative delivery models could be used in interventions. A need exists to design and test community engagement interventions in other areas of maternity and early years care and to further evaluate
models of empowerment. [PUBLICATION] 66 references

Source: BNI

Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

30. The effectiveness of exercise for the prevention and treatment of antenatal depression: systematic review with meta-analysis

Citation: BJOG, Jan 2015, vol. 122, no. 1, p. 57-62, 1470-0328 (January 2015)


Abstract: Background Antenatal depression can have harmful consequences for the mother and fetus. Exercise may be a useful intervention to prevent and treat antenatal depression. Objectives This systematic review aims to establish whether there is sufficient evidence to conclude that exercise is an effective intervention for preventing and treating antenatal depression. Search strategy Searches using electronic databases from MEDLINE, Cochrane Library, CINAHL, EMBASE, AMED and PsycINFO were performed. Selection criteria Randomised controlled trials (RCT) that compared any type of exercise intervention with any comparator in pregnant women were eligible for inclusion. Data collection and analysis Meta-analysis was performed calculating standardised mean differences (SMD). Main results Six trials (seven comparisons) were eligible for inclusion. Meta-analysis showed a significant reduction in depression scores (SMD ?0.46, 95% CI ?0.87 to ?0.05, P = 0.03, I² = 68%) for exercise interventions relative to comparator groups. The test for subgroup differences in women who were non-depressed (one trial) (SMD 0.74, 95%CI ?1.22 to ?0.27, P = 0.002) and depressed (five trials) (SMD 0.41, 95% CI ?0.88 to 0.07, P = 0.09) at baseline was not significant (P = 0.32). The test for subgroup differences between aerobic (one trial) and non-aerobic exercise (five trials) was also nonsignificant (P = 0.32). Authors' conclusions We found some evidence that exercise may be effective in treating depression during pregnancy but this conclusion is based on a small number of low-moderate quality trials with significant heterogeneity and wide confidence intervals. [Publication] 29 references

Source: BNI

Full text: Available BJOG : an international journal of obstetrics and gynaecology at No link? Ask Salisbury Healthcare Library - please click here to request article.

31. Transition from student to midwife: the realities of the preceptorship period

Citation: MIDIRS Midwifery Digest, Dec 2014, vol. 24, no. 4, p. 424-426, 0961-5555 (December 2014)

Author(s): Bannister, Dawn

Abstract: The transition from student to newly qualified midwife can be a leap that is often underestimated. Foster and Ashwin (2014) highlight some of the difficulties and issues faced by midwives during this pivotal developmental stage in their early career. Their paper struck a chord with me and echoed many of the feelings and experiences I encountered when becoming a newly qualified midwife. Although the path did not always run smoothly, I would like to share my journey, with the aim of reassuring others that it is all part of the normal process of becoming a competent and proficient midwife. I believe, however, that greater attention and investment is required so as to ensure the successful transition from student to qualified midwife that would ultimately lead to greater self-confidence and potentially reduce the number of midwives leaving the profession so early in their careers. It is my opinion that the NHS should consider reassessing the way in which newly qualified midwives, the future band sevens, are inducted into their organisation. Moreover, to concur with Foster and Ashwin (2014), I believe that the need for a formalised programme of education for newly qualified midwives embarking upon their first role in blue, should be promoted. [PUBLICATION] 3 references

Source: BNI

Full text: Available MIDIRS Midwifery Digest at No link? Ask Salisbury Healthcare Library - please click here to request article.

32. Why is there an increased incidence of cord rupture at water birth?

Citation: MIDIRS Midwifery Digest, Dec 2014, vol. 24, no. 4, p. 476-478, 0961-5555 (December 2014)

Author(s): Nyombi, Sue

Abstract: Author Sue Nyombi discusses the possible increase in cord snapping incidences at water birth, drawing on her personal experience and theorising over contributory factors ie cord traction, water depth and related baby weight that should be taken in to consideration at time of birth. [PUBLICATION] 5 references

Source: BNI

Full text: Available MIDIRS Midwifery Digest at No link? Ask Salisbury Healthcare Library - please click here to
Department of Health

**Public health nursing and midwifery leadership transfers to PHE**
Thursday 29th January 2015
The Department of Health and Public Health England (PHE) have announced that responsibility for public health nursing and midwifery leadership will transfer to PHE from April, replacing the current joint arrangement between the department and PHE. The new arrangements will make sure strong strategic direction is in place for the future.

NHS Choices

**Claims that 'men worsen labour pains' are unproven**
Thursday 22nd January 2015
"It's official: men really shouldn’t be at the birth," is the bizarre headline in The Times, as it reports on a pain study on women who were not even pregnant, let alone giving birth.

**Gift vouchers can help pregnant smokers quit**
Wednesday 28th January 2015
"Offering shopping vouchers worth a total of £400 to pregnant smokers makes them more likely to quit the habit, say researchers," BBC News reports. The study, conducted in Glasgow, involved 612 pregnant women referred to pregnancy stop smoking services. The women were randomised to receive standard stop smoking care alone (control), or standard care in addition to up to £400 in vouchers if they successfully quit the habit. Significantly more women in the voucher group (22.5%) stopped smoking by late pregnancy (34 to 38 weeks) compared with the control group (8.6%).

**How 'baby talk' may give infants a cognitive boost**
Friday 9th January 2015
"Say 'mama'! Talking to babies boosts their ability to make friends and learn,” the Mail Online reports. In a review, two American psychologists argue that even very young infants respond to speech and that "baby talk" is essential for their development.

**Napping 'key' to babies' memory and learning**
Tuesday 13th January 2015
"The key to learning and memory in early life is a lengthy nap, say scientists,” BBC News reports. The scientists were interested in babies' abilities to remember activities and events. They carried out a study involving 216 babies, who took part in trials to see whether napping affected their memory for a new activity. (...) Babies who had a nap were able to mimic more of the activities when they played with the hand puppet four hours later. This was also true when the babies were tested 24 hours after being shown the puppets. This may suggest napping shortly after a new activity or event helps to consolidate that memory.

NHS England

**Working together to reduce stillbirth – Jenny Hicken**
Tuesday 27th January 2015
Statistics show 17 babies continue to be lost either before, during or just after birth every day in the UK – that’s over 6500 each year – one of the highest rates in the developed world. One in every 200 babies delivered in the UK is stillborn. One in every 350 babies born in the UK dies in the first four weeks of life. The figures are shocking and speak for themselves. But times are changing. Baby loss is being taken incredibly seriously by a lot of people who will hopefully be able to do something about it.
Public Health England

PHE is raising awareness of the dangers of accidental child drowning involving the use of bath seats. The Royal Society for the Prevention of Accidents (RoSPA) reports that 1 in 3 accidental drowning deaths in young children (2 years or under) involve bath seats. Dr Yvonne Doyle, regional director of PHE London, said: “If unsupervised, young children can tip over in a bath seat and become trapped or climb out of it, with potentially fatal consequences. These seats are used by parents when bathing babies and young children but they can often be mistaken as safety measures, instead of bathing aids requiring constant adult supervision.

New Library Resources

New Books

New books related to the topic of Maternity Care available from Healthcare Library. To search the library catalogue visit www.swims.nhs.uk

Birth and Breastfeeding – Rediscovering the Needs of Women During Pregnancy and Childbirth
Michel Odent
Clairview (2003)
ISBN: 978-1-905570-065
Shelfmark: SW340
Barcode: T026750

Birth and Parenting Skills – new directions in antenatal education
Mary L Nolan and Julie Foster
Churchill Livingstone Elsevier (2005)
ISBN: 0443 074747
Shelfmark: WQ180
Barcode: T026780

Birth Models That Work
Edited by RE Davis-Floyd, L Barclay, BA Daviss, and J Tritten
ISBN: 978-0-520-25891-4
Shelfmark: WQ300
Barcode: T026751

Breastfeeding and Human Lactation
J Riordan & K Wambach
4th edition
Jones & Bartlett, USA (2008)
ISBN: 978-0-7637-5432-7
Shelfmark: WQ600
Barcode: T026743

Community Midwifery Practice
Edited by Jenny Edwins
Blackwell Publishing (2008)
Shelfmark@ WQ160
Barcode: T026761
Counselling the Nursing Mother – A Lactation Consultant’s Guide
Judith Lauwers and Anna Swisher
5th edition
Jones & Bartlett Learning, USA (2011)
ISBN: 978-0-7637-80524
Shelfmark: WQ615
Barcode: T026741

Disability in Pregnancy and Childbirth
Edited by S McKay-Moffat
ISBN: 978-443-10318-6
Shelfmark: WQ220
Barcode: T026739

Essential Communication Skills for Nursing and Midwifery
Essential Skills for Nurses Series
Philippa Sully and Joan Dallas
2nd edition
Mosby Elsevier (2010)
ISBN:978 0 7234-36546
Shelfmark: WY150 SUL
Barcode: T026752

Failure to Progress – The Contraction of the Midwifery Profession
Edited by Rosemary Mander & Valerie Fleming
Routledge (2002)
ISBN: 978-0-415-235570
Shelfmark: WQ150
Barcode: T026773

Midwifery Essentials Series: Antenatal Volume 2
Helen Baston and Jennifer Hall
Elsevier 2009
ISBN: 978-0-443-10354-4
Shelfmark: WQ175
Barcode: T026748

Myles Midwifery Anatomy & Physiology Workbook
Jean Rankin
Churchill Livingstone Elsevier (2012)
ISBN: 978-0-7020-4339-0
Shelfmark: WQ201
Barcode: T026765

Spiritual Midwifery
Ina May Gaskin
ISBN: 978-1-57067-1043
Shelfmark: WQ140 GAS
Barcode: T026771

Successful Breastfeeding
Royal College of Midwives
3rd edition
The Midwife Companion – The Art of Support During Birth
Andrea Robertson
2nd edition
ISBN: 978-0-958-801577
Shelfmark: WQ140 ROB
Barcode: T026779

The Midwife Mother Relationship
Edited by Mavis Kirkham
Palgrave Macmillan (2010)
Shelfmark: WQ140
Barcode:T026753

The New Midwifery Science and Sensitivity in Practice
Lesly Ann Page and Rona McCandlish
2nd edition
ISBN:978-0-443-10002-4
Shelfmark: WQ140 PAG
Barcode: T026774

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