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**Policy and Guidance**

**National Institute for Health and Care Excellence (NICE)**

**Antenatal and postnatal mental health: clinical management and service guidance**
NICE Clinical Guideline CG192. Publication date: December 2014

**Antibiotics for neonatal infection**
NICE Quality Standard QS75. Publication date: December 2014

**Intrapartum care: care of healthy women and their babies during childbirth**
NICE Clinical Guideline CG190. Publication date: December 2014

**Postnatal care**
NICE Clinical Guideline CG37. Publication date: December 2014

**New and Updated Cochrane Systematic Reviews**

**New Reviews – December 2014**

**Antibiotic regimens for management of intra-amniotic infection**

**Creatine for women in pregnancy for neuroprotection of the fetus**

**Interventions for treating painful nipples among breastfeeding women**

**Prophylactic manual rotation for fetal malposition to reduce operative delivery**

**Timing of intravenous prophylactic antibiotics for preventing postpartum infectious morbidity in women undergoing cesarean delivery**
Updated Reviews – December 2014

Disposable nappies for preventing napkin dermatitis in infants

Elective repeat caesarean section versus induction of labour for women with a previous caesarean birth

Vaginal chlorhexidine during labour to prevent early-onset neonatal group B streptococcal infection

Vaginal preparation with antiseptic solution before cesarean section for preventing postoperative infections

UpToDate

Blunt versus sharp uterine incision expansion (December 2014)

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. If you have any difficulty accessing the full text articles, or if you would like us to obtain any of the articles for you, please contact the Healthcare Library.

Table of Contents:

1. A Comprehensive Description of Postpartum Pain after Cesarean Delivery

2. Are women having a vaginal birth after a previous caesarean delivery at increased risk of anal sphincter injury?

3. Associations among gestational weight gain, physical activity, and pre-pregnancy body size with varying estimates of pre-pregnancy weight

4. Building confident ways of working together around higher-risk birth choices.

5. Effects of induction of labour versus expectant management in women with impending post-term pregnancies: the 41 week - 42 week dilemma

6. Focusing on Maternal Health Beyond Breastfeeding and Depression during the First Year Postpartum

7. Freebirth in pursuit of normal birth - a quest for a salutogenic framework?

8. Gestational and Postpartum Weight Change Patterns in Mothers with Eating Disorders.

9. Healthy Birth Practice #6: Keep Mother and Baby Together—It’s Best for Mother, Baby, and Breastfeeding.

10. Impact of Psychosocial Risk Factors on Prenatal Care Delivery: A National Provider Survey.

11. Improving Gestational Weight Gain Counseling Through Meaningful Use of an Electronic Medical Record
12. Intimate Partner Violence During Pregnancy and Adverse Neonatal Outcomes in Low-Income Women

13. Low-Income, Urban Minority Women’s Perceptions of Self- and Infant Care during the Postpartum Period

14. Maternal psychological state and infant’s temperament at three months.


16. Non-invasive prenatal testing: what the future holds for mothers and midwives

17. Nutrition Advice During Pregnancy: Do Women Receive it and Can Health Professionals Provide it?

18. Pregnancy and birth - an anxious time

19. Recognising and responding to domestic violence

20. The Association Between Physical Activity and Maternal Sleep During the Postpartum Period


22. The needs and preferences of pregnant smokers regarding tailored Internet-based smoking cessation interventions: a qualitative interview study

23. The process and outcomes of setting research priorities about preterm birth - a collaborative partnership


25. Women’s experiences of two different self-assessment methods for monitoring fetal movements in full-term pregnancy - a crossover trial

26. Women’s perceptions of information about alcohol use during pregnancy: a qualitative study

Journal articles:

1. A Comprehensive Description of Postpartum Pain after Cesarean Delivery
Citation: Journal of Obstetric, Gynecologic, and Neonatal Nursing, Nov 2014, vol. 43, no. 6, p. 729-741, 0884-2175 (Nov-Dec 2014)
Author(s): Chin, Emily G, Vincent, Catherine, Wilkie, Diana
Abstract: Objective: to describe women’s experiences with the perception of, evaluation of, and response to postpartum pain after cesarean delivery through the sensory, affective, cognitive, and behavioral dimensions of pain. The secondary aim of this research was to differentiate pain described with nociceptive and neuropathic pain descriptors. Design: Longitudinal, concurrent mixed methods design. Setting: Large, university-based, midwestern medical center. Participants: Convenience sample of 30 low-risk women scheduled for cesarean deliveries. Methods: The PAINReportit, a computerized version of the McGill Pain Questionnaire, was administered in person to participants at two visits: between 24 and 48 hours postcesarean delivery and at 6 weeks postpartum. Descriptive statistics, t tests, and χ2 tests were calculated from these data and pain descriptor selections were compared with established nociceptive and neuropathic pain descriptor lists. Results: Pain was reported in all dimensions at both visits. The abdomen was most frequently selected for pain location; mean
2. Are women having a vaginal birth after a previous caesarean delivery at increased risk of anal sphincter injury?

Citation: BJOG, Nov 2014, vol. 121, no. 12, p. 1515-1520, 1470-0328 (November 2014)

Author(s): Hehir, MP, Fitzpatrick, M, Cassidy, M, Murphy, M, O’Herlihy, C

Abstract: Objective To examine the incidence of obstetric anal sphincter injury in women who had a successful vaginal birth after a previous caesarean delivery (VBAC). Design Retrospective analysis of prospectively gathered data. Setting A tertiary referral university institution. Population All secundiparous women with a previous caesarean delivery who had a VBAC from 2001 to 2011. Methods Details of maternal demographics, intrapartum characteristics and outcomes were examined in cases of VBAC with accompanying anal sphincter injury. Main outcome measures Rates of obstetric anal sphincter injury and associated risk factors. Results During the study period there were 3071 trials of labour in secundiparous women with a previous caesarean delivery; 65% (1981/3071) of these had a successful VBAC. Women having a VBAC were at greater risk of anal sphincter injury than nulliparous women having a vaginal delivery over the same period (5% [98/1981] versus 3.5% [1216/34 496], P = 0.001, odds ratio 1.4, 95% CI 1.15-1.75). The rate of instrumental delivery in woman having a VBAC was 39% (771/1981). On multiple logistic regression analysis an increased rate of instrumental delivery was a strong predictor of sphincter injury (P = 0.03, odds ratio 1.15, 95% CI 1.01-1.3). When the first labours of women with sphincter injury in the VBAC group were examined, 70% (60/86) had been in labour before undergoing their caesarean delivery. Conclusion The incidence of anal sphincter injury in women undergoing VBAC is 5% and birthweight is the strongest predictor of this. The rate of instrumental delivery in this group was also increased.

Source: BNI

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

3. Associations among gestational weight gain, physical activity, and pre-pregnancy body size with varying estimates of pre-pregnancy weight

Citation: Midwifery, Nov 2014, vol. 30, no. 11, p. 1124-1131, 0266-6138 (November 1, 2014)

Author(s): Schlaff, Rebecca A., Holzman, Claudia, Maier, Kimberly S., Pfeiffer, Karin A., Pivarnik, James M.

Abstract: Objectives: the purpose of this study was to examine associations among gestational weight gain (GWG) and pregnancy leisure-time physical activity (LTPA), within pre-pregnancy body mass index (BMI) categories, while utilising two different estimates of pre-pregnancy weight. Design: a cohort study. Data were collected via questionnaire and abstraction from birth certificate as a part of a larger study. Setting three antenatal clinics in Lansing, Michigan, USA. Participants: a subset of women who participated in the Archive for Research on Child Health (ARCH) study and delivered a singleton, term infant (n=135). Participants were enrolled prior to 14 weeks' gestation. Measurements pre-pregnancy BMI was categorised as normal, overweight and obese (excluded underweight). GWG was calculated by subtracting pre-pregnancy weight from weight at childbirth (obtained from birth certificate) and classified as 'excess' or 'not excess' using the upper limit of the 2009 IOM recommended range. These two variables were constructed twice, first by using pre-pregnancy weight self-reported at enrolment and second, by using pre-pregnancy weight recorded on birth certificates. LTPA, also self-reported at enrolment, was modelled using two thresholds, moderate LTPA, and vigorous LTPA. Findings: overall, 56-60% of our sample experienced excess GWG, depending on the source used for pre-pregnancy weight. Overweight and obese women had significantly higher odds of excess GWG (compared to normal weight women; Odds Ratio (OR)=2.48-5.34). LTPA level did not differ among pre-pregnancy BMI categories and was not related to appropriateness of GWG. Key conclusions: regardless of the source of pre-pregnancy weight, overweight and
obese women were more likely to experience excess GWG (compared to normal weight women) and LTPA was not significantly related to the appropriateness of GWG. Implications for practice findings highlight the need for practitioners to effectively communicate GWG recommendations and counsel women about the importance of achieving appropriate GWG. Although GWG counselling has traditionally been focused on obese women, these results suggest overweight women are in need of GWG counselling as well. [PUBLICATION] 52 references

Source: BNI
Full text: Available Elsevier at Midwifery

4. Building confident ways of working together around higher-risk birth choices.
Citation: Essentially MIDIRS, Oct 2014, vol. 5, no. 9, p. 13-16, 2044-0308 (October 2014)
Author(s): Plested, Mariamni, Walker, Shawn
Abstract: Women who want to make choices about their births which are different from standard care practices or fall outside guidelines, especially when their pregnancies are categorized as 'higher risk', may often feel that midwives are more aligned with the hospital system which employs them than with the women who receive their care (Kirkham 2010). Midwives who seek to support women and provide a care pathway which is tailored to the woman's unique circumstances, often find themselves bullied and reprimanded and their practice subjected to intense scrutiny (RCM 1996, Gillen et al 2008). A risk-averse hospital culture, where standardised pathways aimed at risk reduction are the driving factors behind guidelines and protocols, provides a conflicted environment for the midwife aiming to deliver authentically woman-centred care which bears any resemblance to the government policy rhetoric of informed choice as set out in documents such as Maternity matters (DH 2007). [PUBLICATION] 20 references
Source: BNI

5. Effects of induction of labour versus expectant management in women with impending post-term pregnancies: the 41 week - 42 week dilemma
Citation: BMC Pregnancy and Childbirth, Oct 2014, vol. 14, no. 350, p. 7 pages, 1471-2393 (October 23, 2014)
Abstract: Background: Post-term pregnancy, a pregnancy exceeding 294 days or 42 completed weeks, is associated with increased perinatal morbidity and mortality and is considered a high-risk condition which requires specialist surveillance and induction of labour. However, there is uncertainty on the policy concerning the timing of induction for post-term pregnancy or impending post-term pregnancy, leading to practice variation between caregivers. Previous studies on induction at or beyond 41 weeks versus expectant management showed different results on perinatal outcome though conclusions in meta-analyses show a preference for induction at 41 weeks. However, interpretation of the results is hampered by the limited sample size of most trials and the heterogeneity in design. Most control groups had a policy of awaiting spontaneous onset of labour that went far beyond 42 weeks, which does not reflect usual care in The Netherlands where induction of labour at 42 weeks is the regular policy. Thus leaving the question unanswered if induction at 41 weeks results in better perinatal outcomes than expectant management until 42 weeks. Methods/design: In this study we compare a policy of labour induction at 41 + 0/+1 weeks with a policy of expectant management until 42 weeks in obstetrical low risk women without contra-indications for expectant management until 42 weeks and a singleton pregnancy in cephalic position. We will perform a multicenter randomised controlled clinical trial. Our primary outcome will be a composite outcome of perinatal mortality and neonatal morbidity. Secondary outcomes will be maternal outcomes as mode of delivery (operative vaginal delivery and Caesarean section), need for analgesia and postpartum haemorrhage (>1000 ml). Maternal preferences, satisfaction, wellbeing, pain and anxiety will be assessed alongside the trial. Discussion: This study will provide evidence for the management of pregnant women reaching a gestational age of 41 weeks. [PUBLICATION] 53 references
Source: BNI
Full text: Available National Library of Medicine at BMC Pregnancy and Childbirth

6. Focusing on Maternal Health Beyond Breastfeeding and Depression during the First Year Postpartum
Citation: Journal of Obstetric, Gynecologic, and Neonatal Nursing, Nov 2014, vol. 43, no. 6, p. 782-791, 0884-2175
Author(s): Suplee, Patricia Dunphy, Bloch, Joan Rosen, McKeever, Amy, Borucki, Lynne C, Dawley, Katy, Kaufman, Margot

Abstract: Nursing experts reviewed publications between 2003 and 2013 to identify practices for the care of women during the recovery year after childbirth. They focused on maternal transition, role and function, and psychosocial support. Findings indicated that clarification of the psychosocial meanings of childbirth and motherhood and family support systems that strengthen or hinder optimal wellness and functioning are needed. In addition, evidence is required to promote healthy transitions during this transition year. [PUBLICATION]

Source: BNI


7. Freebirth in pursuit of normal birth - a quest for a salutogenic framework?

Citation: Essentially MIDIRS, Nov 2014, vol. 5, no. 10, p. 16-19, 2044-0308 (November 2014)

Author(s): Plested, Mariamni

Abstract: Increasing numbers of women seem to be choosing to reject the maternity services in pursuit of a more ‘normal’ birth experience in the belief that our maternity care culture does not facilitate and in some cases actively hinders the normality of childbirth. This article explores freebirth, home birth and concepts of risk and safety. [PUBLICATION] 14 references

Source: BNI

8. Gestational and Postpartum Weight Change Patterns in Mothers with Eating Disorders.

Citation: European Eating Disorders Review, 01 November 2014, vol./is. 22/6(397-404), 10724133

Author(s): Zerwas, Stephanie C., Von Holle, Ann, Perrin, Eliana M., Cockrell Skinner, Ashley, Reba-Harrelson, Lauren, Hamer, Robert M., Stoltenberg, Camilla, Torgersen, Leila, Reichborn-Kjennerud, Ted, Bulik, Cynthia M.

Language: English

Abstract: Background Although pregnancy can be associated with adaptive changes in weight and eating behaviour for women with eating disorders, less is known about whether these changes are maintained in the postpartum period. We used a longitudinal design to examine gestational and postpartum weight trajectories in mothers with and without eating disorders in the Norwegian Mother and Child Cohort Study (MoBa) conducted by the Norwegian Institute of Public Health. Methods Fifty-six women reported anorexia nervosa (AN), 636 bulimia nervosa, 3327 binge eating disorder and 69 eating disorder not otherwise specified, purging type. The referent group included 61 233 mothers with no eating disorder. We used a mixed effects model to predict weight change over time by eating disorder subtype. Results Mothers with AN, bulimia nervosa, binge eating disorder and eating disorder not otherwise specified had greater increases in body mass index (BMI) during pregnancy and greater decreases in BMI over the first 6 months postpartum. Women with AN shifted from the underweight BMI range before pregnancy to the normal weight range at 36 months postpartum Conclusions Patterns of maternal weight gain and retention during the perinatal period vary across eating disorder subtype and warrant clinical attention. Copyright © 2014 John Wiley & Sons, Ltd and Eating Disorders Association.

Publication type: journal article

Source: CINAHL

9. Healthy Birth Practice #6: Keep Mother and Baby Together—It’s Best for Mother, Baby, and Breastfeeding.

Citation: Journal of Perinatal Education, 01 October 2014, vol./is. 23/4(211-217), 10581243

Author(s): Crenshaw, Jeannette T.

Language: English

Abstract: Mothers and babies have a physiologic need to be together at the moment of birth and during the hours and days that follow. Keeping mothers and babies together is a safe and healthy birth practice. Evidence supports immediate, uninterrupted skin-to-skin care after vaginal birth and during and after cesarean surgery for all stable mothers and babies, regardless of feeding preference. Unlimited opportunities for skin-to-skin care and breastfeeding promote optimal maternal and child outcomes. This article is an updated evidence-based review of the “Lamaze International Care Practices That Promote Normal Birth, Care Practice #6: No Separation of Mother and Baby, With Unlimited Opportunities for Breastfeeding,” published in The Journal of Perinatal Education, 16(3), 2007.
10. Impact of Psychosocial Risk Factors on Prenatal Care Delivery: A National Provider Survey.

**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.

**Publication type:** journal article
**Source:** CINAHL
**Full text:** Available EBSCOhost at [Journal of Perinatal Education](https://www.ncbi.nlm.nih.gov/pubmed/25397875)

11. Improving Gestational Weight Gain Counseling Through Meaningful Use of an Electronic Medical Record

**Citation:** Maternal and Child Health Journal, Nov 2014, vol. 18, no. 9, p. 218-2194, 1092-7875 (November 2014)

**Author(s):** Lindberg, Sara M., Anderson, Cynthia K.

**Abstract:** The purpose of this study was to test the effectiveness of an intervention to improve the consistency and accuracy of antenatal gestational weight gain counseling through introduction of a "best practice alert" into an electronic medical record (EMR) system. A best practice alert was designed and implemented in the EMR. Based on each patient's pre-gravid body mass index (BMI), fetal number, and 2009 Institute of Medicine (IOM) guidelines, the alert provides an individualized total gestational weight gain goal, the weight gain goal per week of gestation, a template for scripted provider counseling and documentation, and a patient handout containing personalized gestational weight gain information. Retrospective chart reviews of 388 pre-intervention patients and 345 post-intervention patients were used to evaluate effectiveness. Introduction of a gestational weight gain best practice alert into the EMR improved the rate of antenatal gestational weight gain counseling that was consistent with current IOM guidelines ([ii]j[/i])

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

12. Intimate Partner Violence During Pregnancy and Adverse Neonatal Outcomes in Low-Income Women

**Citation:** Journal of Women's Health, Nov 2014, vol. 23, no. 11, p. 920-926, 1540-9996 (November 2014)

**Author(s):** Alhusen, Jeanne L., Bullock, Linda, Sharps, Phyllis, Schminkey, Donna, Comstock, Emily, Campbell, Jacquelyn

**Abstract:** Background: Intimate partner violence (IPV) affects an estimated 1.5 million U.S. women annually. IPV impacts maternal and neonatal health with higher rates of depression and low birth weight (LBW). Less studied is
experiencing IPV and delivering a small for gestational age (SGA) baby. SGA neonates are at increased risk of developmental and behavioral problems. The negative sequelae persist into adulthood with increased rates of diabetes mellitus and coronary heart disease. Methods: In a sample of 239 pregnant women experiencing IPV, in urban and rural settings, we examined cross-sectional associations of severity of IPV and neonatal outcomes (i.e., birth weight and gestational age). Severity of IPV was measured by the Conflict Tactics Scale 2 and neonatal outcomes were collected at the time of delivery. Results: Outcomes were collected on 194 neonates; 14.9% (n=29) were classified as LBW, 19.1% (n=37) classified as SGA, and 9.8% (n=19) as LBW and SGA. Women reporting higher severity of IPV during pregnancy had a greater likelihood of delivering an SGA neonate (odds ratio [OR] 4.81; 95% confidence interval [95% CI] 1.86-12.47), and LBW neonate (OR 4.20; 95% CI 1.46-12.10). Conclusions: In a sample of pregnant women experiencing perinatal IPV, women experiencing greater severities of IPV were more likely to deliver a neonate with an adverse outcome. Early recognition and intervention of IPV is essential to reduce disparities in birth outcomes and long-term health outcomes for these neonates.

[Publication] S1 references

Source: BNI

13. Low-Income, Urban Minority Women’s Perceptions of Self- and Infant Care during the Postpartum Period
Citation: Journal of Obstetric, Gynecologic, and Neonatal Nursing, Nov 2014, vol. 43, no. 6, p. 803-812, 0884-2175 (Nov-Dec 2014)
Author(s): Suplee, Patricia D, Gardner, Marcia R, Borucki, Lynne C
Abstract: Objective: To describe low-income, urban, first-time mothers perceptions about self-care and infant care during the first 6-months postpartum. Design: Naturalistic approach. Setting Recruitment from community centers and churches. Participants: Thirteen Hispanic and African American women who delivered their first infants within the past 6 months. Methods: Demographic and health information data were collected and analyzed using descriptive statistics. Semistructured interviews were conducted; data were coded and then clustered conceptually into categories. Results: Postpartum maternal self- and infant care issues included four categories: preparedness for discharge, confidence and satisfaction with mothering, concerns about infant care, and indifference to maternal self-care. Women were confident in caring for themselves and their infants and reported few unmet learning needs or health concerns. External sources of stress included finances, uncertain living arrangements, and relationship issues. Conclusion: Health care providers who care for low-income postpartum women need to acknowledge the influence of external stressors that contribute to health outcomes in this population. It is vital that nurses collaborate with other health care providers to make certain that community connections are made for women who might need additional services beyond the postpartum check-up visit. [Publication]
Source: BNI

14. Maternal psychological state and infant’s temperament at three months.
Citation: Journal of Reproductive & Infant Psychology, 01 November 2014, vol./is. 32/5(520-534), 02646838
Author(s): Della Vedova, A.M.
Language: English
Abstract: Objective: The study aimed to investigate the possible relationship between maternal psychological state in the perinatal period and the child’s temperament at 3 months postpartum. Background: The perinatal period is a phase of intense psychological complexity which may increase the risk of the development, or a recurrence of psychological disturbances in parents. The current literature highlights the potential negative effects of a perturbed maternal psychological state on fetal and newborn development. Among the consequences of fetal exposure to maternal states of depression or anxiety are increased inconsolable crying and sleep disturbance in the newborn, difficult temperament, motor and cognitive development delays in children and a higher risk of depression in adolescence. Methods: A longitudinal design using self-report measures of maternal mood, and maternal report of the infant’s temperament, was used. The sample comprised 107 Italian, low-risk nulliparous women. Maternal and infant variables were assessed in the third trimester of pregnancy and at 3 months postpartum. The variables measured included: maternal depression, anxiety, prenatal attachment,
alexithymia, social support, maternal bonding with parents, stressful events, and the infant’s temperament. Results: Higher scores of antenatal depression and postnatal state anxiety were independent predictors of increased temperamental difficulties of the baby. Conclusion: The results support the hypothesis that maternal perinatal states of depression or anxiety are associated with increased difficulty in the temperament of the baby as perceived by mothers. This therefore supports the need for prevention-treatment programmes from the early stages of pregnancy.

**Publication type:** journal article

**Source:** CINAHL

**15. Maternal Stress Predicts Postpartum Weight Retention.**

**Citation:** Maternal & Child Health Journal, 01 November 2014, vol./is. 18/9(2209-2217), 10927875

**Author(s):** Whitaker, Kara, Young-Hyman, Deborah, Vernon, Marlo, Wilcox, Sara

**Language:** English

**Abstract:** Postpartum weight retention (PPWR) is a significant contributor to the development of overweight and obesity in women of childbearing age. Stress may be a key mechanism making it more difficult for mothers to lose weight in the year following delivery. The aim of this study was to assess whether specific aspects of parenting stress and life stress influence postpartum weight retention in new mothers. Women in late pregnancy or up to 2 months postpartum (n = 123) were enrolled in the study and followed through the first year postpartum. Linear regression models evaluated the associations of parenting stress (isolation, attachment and depressive symptoms) as well as overall life stress at 2, 6, and 12 months postpartum with PPWR at 6 and 12 months. During the first year postpartum, higher depression and life stress were significantly associated with greater PPWR. As the effect of depression diminished, the effect of life stress became significant. Contrary to hypothesized relationships, fewer problems with attachment and less social isolation were significantly associated with greater PPWR. Higher gestational weight gain and African American race were also significantly associated with greater PPWR at both 6 and 12 months. Different types of stress predict weight retention in first time mothers during the first year postpartum. Understanding the relationships between parenting stress, concurrent life stress and PPWR can enhance the development of future interventions that specifically target self-identified stressors, leading to improved weight related outcomes.

**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.

**16. Non-invasive prenatal testing: what the future holds for mothers and midwives**

**Citation:** Essentially MIDIRS, Nov 2014, vol. 5, no. 10, p. 30-32, 2044-0308 (November 2014)

**Author(s):** Longley, Georgina

**Abstract:** A midwife working as part of the Oxford Safer Pregnancy Alliance at John Radcliffe Hospital discusses how the potential wide-scale introduction of non-invasive prenatal testing would impact on midwives and the women they care for, including possible advantages and disadvantages, ethical considerations and the implications for service provision. [PUBLICATION] 7 references

**Source:** BNI

**17. Nutrition Advice During Pregnancy: Do Women Receive it and Can Health Professionals Provide it?**

**Citation:** Maternal & Child Health Journal, 01 December 2014, vol./is. 18/10(2465-2478), 10927875

**Author(s):** Lucas, Catherine, Charlton, Karen, Yeatman, Heather

**Language:** English

**Abstract:** A healthy diet during pregnancy is essential for normal growth and development of the foetus. Pregnant women may obtain nutrition information from a number of sources but evidence regarding the adequacy and extent of this information is sparse. A systematic literature review was conducted to identify sources of nutrition information accessed by pregnant women, their perceived needs for nutrition education, the perceptions of healthcare providers about nutrition education in pregnancy, and to assess the effectiveness of public health programs that aim to improve nutritional practices. The Scopus data base was searched during January, 2013 and in February 2014 to access both qualitative and quantitative studies published between 2002 and 2014 which focused on healthy pregnant women and their healthcare providers in developed countries. Articles were excluded if they focused on the needs of women with medical conditions, including obesity, gestational diabetes
or malnutrition. Of 506 articles identified by the search terms, 25 articles were deemed to be eligible for inclusion. Generally, women were not receiving adequate nutrition education during pregnancy. Although healthcare practitioners perceived nutrition education to be important, barriers to providing education to clients included lack of time, lack of resources and lack of relevant training. Further well designed studies are needed to identify the most effective nutrition education strategies to improve nutrition knowledge and dietary behaviours for women during antenatal care.

**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.

18. Pregnancy and birth - an anxious time

**Citation:** Essentially MIDIRS, Nov 2014, vol. 5, no. 10, p. 21-24, 2044-0308 (November 2014)

**Author(s):** Finnis, Sarah

**Abstract:** Pregnancy and birth are often seen as one of the happiest and fulfilling times of a woman's (couple's) life. However, for some women it can be a time of fear and anxiety. Whilst it is considered 'normal' to feel some anxiety during pregnancy, it is estimated that between 7% and 22% of women experience significant anxiety during the perinatal period. In fact, some studies suggest that anxiety is more common in the antenatal period and at least as common in the postnatal period as depression. A clinical psychologist in obstetrics and gynaecology describes her experiences of dealing with pregnant women suffering from anxiety or tokophobia.

[PUBLICATION] 12 references

**Source:** BNI

19. Recognising and responding to domestic violence

**Citation:** Essentially MIDIRS, Nov 2014, vol. 5, no. 10, p. 7-12, 2044-0308 (November 2014)

**Author(s):** Neate, Polly

**Abstract:** Domestic violence is increasingly recognised as a public health issue relevant to the work of midwives, health visitors, and other ante-, peri- and postnatal health care professionals. The impact of domestic violence on both women and children is now well recognised, and there is growing understanding that midwives and health visitors are well placed to observe the warning signs of domestic violence and offer timely and effective support and early intervention. Includes an article and case study. [PUBLICATION] 4 references

**Source:** BNI

20. The Association Between Physical Activity and Maternal Sleep During the Postpartum Period

**Citation:** Maternal and Child Health Journal, Nov 2014, vol. 18, no. 9, p. 2106-2114, 1092-7875 (November 2014)

**Author(s):** Vladutiu, Catherine J., Evenson, Kelly R., Borodulin, Katja, Deng, Yu, Dole, Nancy

**Abstract:** Physical activity is associated with improved sleep quality and duration in the general population, but its effect on sleep in postpartum women is unknown. We examined cross-sectional and longitudinal associations between hours/week of self-reported domain-specific and overall moderate to vigorous physical activity (MVPA) and sleep quality and duration at 3- and 12-months postpartum among a cohort of 530 women in the Pregnancy, Infection, and Nutrition Postpartum Study. MVPA was not associated with sleep quality or duration at 3-months postpartum. At 12-months postpartum, a 1 h/week increase in recreational MVPA was associated with higher odds of good (vs. poor) sleep quality (odds ratio, OR 1.14; 95 % confidence interval, CI, 1.03-1.27) and a 1 h/week increase in child/adult care MVPA was associated with lower odds of good (vs. poor) sleep quality (OR = 0.93; 95 % CI 0.88-0.99). A 1 h/week increase in child/adult care MVPA (OR 1.08, 95 % CI 1.00-1.16) was associated with higher odds of long sleep duration and 1 h/week increases in indoor household (OR 1.09, 95 % CI 1.01-1.18) and overall MVPA (OR 1.04, 95 % CI 1.01-1.07) were associated with higher odds of short (vs. normal) sleep duration. Comparing 3-months postpartum to 12-months postpartum, increased work MVPA was associated with good sleep quality (OR 2.40, 95 % CI 1.12-5.15) and increased indoor household MVPA was associated with short sleep duration (OR 1.85, 95 % CI 1.05-3.27) as measured at 12-months postpartum. Selected domains of MVPA and their longitudinal increases were associated with sleep quality and duration at 12-months postpartum. Additional research is needed to elucidate whether physical activity can improve postpartum sleep.

[PUBLICATION] 40 references

**Source:** BNI

**Full text:** Available *Maternal and child health journal* at No link? Ask Salisbury Healthcare Library - please click

Citation: Journal of Obstetric, Gynecologic, and Neonatal Nursing, Nov 2014, vol. 43, no. 6, p. 771-779, 0884-2175 (Nov-Dec 2014)

Author(s): Mhyre, Jill M, D’Oria, Robyn, Hameed, Afshan B, Lappen, Justin R, Holley, Sharon L, Hunter, Stephen K, Jones, Robin L, King, Jeffrey C, D’Alton, Mary E

Abstract: Case reviews of maternal death have revealed a concerning pattern of delay in recognition of hemorrhage, hypertensive crisis, sepsis, venous thromboembolism, and heart failure. Early-warning systems have been proposed to facilitate timely recognition, diagnosis, and treatment for women developing critical illness. A multidisciplinary working group convened by the National Partnership for Maternal Safety used a consensus-based approach to define The Maternal Early Warning Criteria, a list of abnormal parameters that indicate the need for urgent bedside evaluation by a clinician with the capacity to escalate care as necessary in order to pursue diagnostic and therapeutic interventions. This commentary reviews the evidence supporting the use of early-warning systems, describes The Maternal Early Warning Criteria, and provides considerations for local implementation. [PUBLICATION]

Source: BNI


22. The needs and preferences of pregnant smokers regarding tailored Internet-based smoking cessation interventions: a qualitative interview study

Citation: BMC Public Health, Oct 2014, vol. 14, no. 1070, p. 13 pages, 1471-2458 (October 14, 2014)

Author(s): Herbec, Aleksandra, Beard, Emma, Brown, Jamie, Gardner, Benjamin, Tombor, Ildiko, West, Robert

Abstract: Background: Internet-based Smoking Cessation Interventions (ISCIs) may help pregnant smokers who are unable, or unwilling, to access face-to-face stop smoking support. Targeting ISCIs to specific groups of smokers could increase their uptake and effectiveness. The current study explored the needs and preferences of pregnant women seeking online stop smoking support with an aim to identify features and components of ISCIs that might be most attractive to this population. Methods: We conducted qualitative interviews with thirteen pregnant women who completed the intervention arm of a pilot randomized controlled trial of a novel ISCI for pregnant smokers ('MumsQuit'). The interviews explored women's views towards MumsQuit and online support with quitting smoking in general, as well as their suggestions for how ISCIs could be best targeted to pregnancy. Interview transcripts were analyzed using Framework Analysis. Results: Participants expressed preferences for an accessible, highly engaging and targeted to pregnancy smoking cessation website, tailored to individuals' circumstances as well as use of cessation medication, offering comprehensive and novel information on smoking and quitting smoking in pregnancy, ongoing support with cravings management, as well as additional support following relapse to smoking. Participants also viewed as important targeting of the feedback and progress reports to baby's health and development, offering personal support from experts, and providing a discussion forum allowing for communication with other pregnant women wanting to quit. Conclusions: The present study has identified a number of potential building blocks for ISCIs targeted to quitting smoking in pregnancy. Pregnant smokers willing to try using ISCI may particularly value an engaging intervention offering a high degree of targeting of comprehensive information to them as a group and tailoring support and advice to their individual needs, as well as one providing post-relapse support, peer-to-peer communication and personal support from experts. [PUBLICATION] 61 references

Source: BNI

Full text: Available ProQuest at BMC Public Health

23. The process and outcomes of setting research priorities about preterm birth - a collaborative partnership

Citation: Infant, Nov 2014, vol. 10, no. 6, p. 178-181, 1745-1205 (November 2014)

Author(s): Uhm, Seilin, Crowe, Sally, Dowling, Irene, Oliver, Sandy

Abstract: Traditionally researchers, funders or policy makers have decided the future research agenda, rather than the service users or clinicians who deal with the consequences of the health condition every day. This article presents the process and outcomes of a collaborative partnership between patients, parents, families and

**Citation:** Journal of Women's Health (15409996), 01 October 2014, vol./is. 23/10(824-829), 15409996

**Author(s):** Birdee, Gurjeet S., Kemper, Kathi J., Rothman, Russell, Gardiner, Paula

**Language:** English

**Abstract:** Introduction: Complementary and alternative medicine (CAM) is commonly used among women, but few national data exist regarding CAM use during pregnancy or the postnatal period. Methods: Data from the 2007 National Health Interview Survey were analyzed for women ages between the ages of 18 and 49 years who were pregnant or had children less than 1 year old. CAM use was identified based on standard definitions of CAM from the National Institutes of Health’s National Center for Complementary and Alternative Medicine. CAM use among women who were pregnant or with a child less than 1 year was compared with the other similarly aged female responders. CAM use was examined among these women stratified by sociodemographics, health conditions, and conventional medicine use through bivariable and multivariable logistic regression models. Results: Among pregnant and postpartum women from the ages of 19 to 49 years in the United States, 37% of pregnant women and 28% of postpartum women reported using CAM in the last 12 months compared with 40% of nonpregnant/non-postpartum women. Mind-body practices were the most common CAM modality reported, with one out of four women reporting use. Biological therapies, excluding vitamins and minerals, during the postpartum period were used by only 8% of women. Using multivariable regression modeling, we report no significant difference in CAM use among pregnant compared with non-pregnant women (adjusted odds ratio [AOR], 0.88; [95% confidence interval 0.65-1.20]), but lower CAM use among postpartum women compared with non-pregnant women (AOR 0.67; [0.52-0.88]), while adjusting for sociodemographics. Conclusion: CAM use among pregnancy similar to women who are not pregnant, while postpartum CAM use decreases. Further evaluation of CAM therapies among pregnant and postpartum women is necessary to determine the costs and benefits of integrative CAM therapies in conventional care.

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available Journal of women's health (2002) at No link? Ask Salisbury Healthcare Library - please click here to request article.

25. Women's experiences of two different selfassessment methods for monitoring fetal movements in full-term pregnancy - a crossover trial

**Citation:** BMC Pregnancy and Childbirth, Oct 2014, vol. 14, no. 349, p. 8 pages, 1471-2393 (October 7, 2014)

**Author(s):** Malm, Mari-Cristin, Rådestad, Ingela, Rubertsson, Christine, HILDINGSSON, INGERGERD, LINDBRINK, HELENA

**Abstract:** Background: Low maternal awareness of fetal movements is associated with negative birth outcomes. Knowledge regarding pregnant women’s compliance with programs of systematic self-assessment of fetal movements is needed. The aim of this study was to investigate women's experiences using two different self-assessment methods for monitoring fetal movements and to determine if the women had a preference for one or the other method. Methods: Data were collected by a crossover trial; 40 healthy women with an uncomplicated full-term pregnancy counted the fetal movements according to a Count-to-ten method and assessed the character of the movements according to the Mindfetalness method. Each self-assessment was observed by a midwife and followed by a questionnaire. A total of 80 self-assessments was performed; 40 with each method. Results: Of the 40 women, only one did not find at least one method suitable. Twenty of the total of 39 reported a preference, 15 for the Mindfetalness method and five for the Count-to-ten method. All 39 said they felt calm, relaxed, mentally present and focused during the observations. Furthermore, the women described the observation of the movements as safe and reassuring and a moment for communication with their unborn baby. Conclusions: In the 80 assessments all but one of the women found one or both methods suitable for self-assessment of fetal movements and they felt comfortable during the assessments. More women preferred the Mindfetalness method compared to the count-to-ten method, than vice versa. [PUBLICATION] 30 references

**Source:** BNI
Women's perceptions of information about alcohol use during pregnancy: a qualitative study

**Citation:** BMC Public Health, Oct 2014, vol. 14, no. 1048, p. 10 pages, 1471-2458 (October 8, 2014)

**Author(s):** Anderson, Amy E, Hure, Alexis J, Kay-Lambkin, Frances J, Loxton, Deborah J

**Abstract:** Background: A number of alcohol guidelines worldwide suggest that pregnant women should abstain from alcohol. However, high prevalence rates of alcohol consumption during pregnancy still exist. It is unknown whether there are problems with the dissemination of guideline information that is potentially contributing to such consumption. This qualitative study aimed to explore women's perceptions of information they received about alcohol use during pregnancy after the introduction of abstinence guidelines. Methods: Nineteen women from the Australian Longitudinal Study on Women's Health (ALSWH) 1973-78 cohort that reported a pregnancy in 2009 were recruited for semi-structured telephone interviews. The interviews were conducted until data saturation was reached. Interviews were transcribed, then thematically analysed. ALSWH survey data was used to augment the findings. The main outcome measure was women's perceptions of information received about alcohol use during pregnancy after the introduction of the 2009 Australian guidelines promoting abstinence during pregnancy. Results: Women reported a number of problems with the information about alcohol use during pregnancy and with its dissemination. There were inconsistencies in the information about alcohol use during pregnancy and in the advice provided. Mixed messages and confusion about identifying a safe level of consumption had implications on women's decisions to drink or abstain during pregnancy. Women expressed a need for a clear, consistent message to be provided to women as early as possible. They preferred that the message come from healthcare professionals or another reputable source. Conclusions: To make an informed decision about alcohol use during pregnancy, women must first be provided with the latest evidence-based information. As this study found a number of limitations with information provision, it is suggested that a systematic approach be adopted by healthcare professionals, in line with best-practice guidelines, to ensure all women are made aware of the alcohol recommendations for pregnancy. [PUBLICATION] 45 references

**Source:** BNI

**Full text:** Available ProQuest at BMC Public Health

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**News**

**Department of Health**

**Children, Families and Maternity e-bulletin – December 2014**

Newsletter providing guidance and advice on children, families and maternity.

**Report reveals 36 women died from flu in 3 years**

Tuesday 9th December 2014

A new report by MBRRACE-UK shows flu was the cause of death for 1 in 11 women who died during, or shortly after pregnancy. Public Health England (PHE) is urging more pregnant women to come forward for the free flu vaccination this winter as a new report published today (9 December 2014) shows how fatal the virus can be for pregnant women.

**Vaccinate toddlers against flu advises Chief Medical Officer**

28th November 2014

Healthy under-5s are more likely to be admitted to hospital with flu than any other age group – and 5 times more likely than 65-year-olds. Two million 2, 3 and 4-year-olds are eligible for the free nasal spray flu vaccine from their GP.

Analysis shows that vaccinating half of all children aged between six months and four would prevent almost half a million cases of flu. But just over a quarter have received it so far – fewer than this time last year. And half of parents do not know the free spray exists or that children need vaccinating every year.

**NHS Choices**

**Around 1 in 10 maternal deaths due to flu**

Tuesday 9th December 2014
“Nearly one in ten pregnant deaths caused by flu,” The Daily Telegraph reports. A review into maternal deaths, which thankfully remain rare, found that conditions such as the flu and sepsis account for many of the deaths. Maternal deaths are deaths in women that occur during their pregnancy or within six weeks after the end of their pregnancy.

**Fathers-to-be experience hormone changes**
Wednesday 17th December 2014
“Men suffer pregnancy symptoms too: Fluctuating hormones make fathers-to-be ... more caring,” the Mail Online reports. A small US study found evidence of changes in hormonal levels that may make fathers-to-be more able to cope with the demands of fatherhood.

**More breastfeeding 'would save NHS millions'**
Friday 5th December 2014
"Increase in breastfeeding could save NHS £40m a year," The Independent reports after a recent economic modelling study projected a reduction in childhood diseases and breast cancer rates would lead to considerable savings for the health service.

**NICE recommends home births for some mums**
Wednesday 3rd December 2014
Home births have dominated the UK media today, following the publication of guidance by the National Institute for Health and Care Excellence (NICE) on the care of healthy women and their babies during childbirth. The main talking point was the recommendation that women thought to have a low risk of pregnancy complications would be better served by giving birth at home or at a midwife-led unit, rather than at hospital.

**Public Health England**

**Newborn babies screened for more rare conditions**
Monday 5th January 2015
All newborn babies in England will be offered screening for 4 additional rare genetic disorders from today (5 January 2015). Public Health England’s NHS Newborn Blood Spot Screening Programme has been expanded to screen for the following rare, but potentially disabling conditions: homocystinuria (HCU), maple syrup urine disease (MSUD), glutaric aciduria type 1 (GA1) and isovaleric acidaemia (IVA).

### 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](http://www.swims.nhs.uk)

**Baillière’s Midwives Dictionary**
Denise Tiran
ISBN: 978 0 70204484 7
Shelfmark: WQ143
Barcode: T026725

**Breastfeeding Management for the Clinician – Using the Evidence**
Marsha Walker
3rd edition (2014) Jones & Bartlett Learning LLC
ISBN: 978 1 4496 9465 4
Shelfmark: WQ600
Barcode: T026735

**Impact of Birthing Practices on Breastfeeding**
Linda J Smith and Mary Kroeger
Events and Conferences

Royal College of Midwives

RCM Events

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This bulletin was produced by Helen Clemow, Librarian, Salisbury NHS Foundation Trust Healthcare Library. If you have any comments to make about this bulletin please contact helen.clemow@salisbury.nhs.uk.