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Current Awareness Bulletin – Maternity Care
June 2015

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New and Updated Cochrane Systematic Reviews

New Reviews – June 2015

Impact of Haemophilus influenzae type B (Hib) and viral influenza vaccinations in pregnancy for improving maternal, neonatal and infant health outcomes

Methods for assessing pre-induction cervical ripening

Multiple micronutrient powders for home (point-of-use) fortification of foods in pregnant women

Updated Reviews – June 2015

Antenatal dietary education and supplementation to increase energy and protein intake
Antibiotic prophylaxis during the second and third trimester to reduce adverse pregnancy outcomes and morbidity

Cyclo-oxygenase (COX) inhibitors for treating preterm labour

Diet or exercise, or both, for preventing excessive weight gain in pregnancy

Effect of administration of anthelminthics for soil-transmitted helminths during pregnancy

Effects of restricted caffeine intake by mother on fetal, neonatal and pregnancy outcomes

Pyridoxine (vitamin B6) supplementation during pregnancy or labour for maternal and neonatal outcomes

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Maternity related topics

**Journal Articles**

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1. A Call to Action: Reducing Toxic Stress During Pregnancy and Early Childhood


Author(s): DeSocio, Janiece

Abstract: Since the 1990s, Vincent Felitti's team has published results of research on Adverse Childhood Experiences, illuminating the relationship between adverse events in childhood and a lifetime of physical and mental health disparities (Felitti et al., 1998). The National Research Council and Institute of Medicine (2000) report, 'From Neurons to Neighborhoods: The Science of Early Childhood Development,' set forth a national agenda to reduce health disparities through early childhood intervention. Subsequent research has revealed the impact of adversity and toxic stress at even earlier stages of fetal development (Bock, Rether, Groger, Xie, & Braun, 2014; Gluckman, Hanson, Cooper, & Thornberg, 2008; Shonkoff, Boyce, & McEwen, 2009). The importance of addressing toxic stress during pregnancy and early childhood is gaining national attention and momentum. In 2014, the American Academy of Nursing identified toxic stress in childhood as a top priority for improving the health of populations (Mason & Cox, 2014). Nurses are called to action to safeguard the health and potential of children through the reduction of toxic stress exposures for mothers and children. Why is this body of research important to psychiatric nurses, and how can we contribute to this national effort? The aim of this column is to review key research findings that call psychiatric nurses to action to prevent, recognize, and intervene early to reduce the devastating effects of toxic stress. [PUBLICATION] 15 references
2. Amlodipine Passage into Breast Milk in Lactating Women with Pregnancy-Induced Hypertension and Its Estimation of Infant Risk for Breastfeeding

**Citation:** Journal of Human Lactation, Jun 2015, vol. 31, no. 2, p. 301-306, 0890-3344 (June 1, 2015)

**Author(s):** Naito, Takafumi, Kubono, Naoko, Deguchi, Shuhei, Sugihara, Masahisa, Itoh, Hiroaki, Kanayama, Naohiro, Kawakami, Junichi

**Abstract:** Background: Few clinical reports have been published on amlodipine passage into breast milk in lactating women. Objectives: The aims of this study were to evaluate the plasma concentration of amlodipine and its passage into breast milk in lactating women with pregnancy-induced hypertension and to estimate the risk for breastfeeding infants. Methods: Thirty-one lactating women receiving oral amlodipine once daily for pregnancy-induced hypertension were enrolled. Pre-dose plasma and milk concentrations of amlodipine were determined at day 6 or later after starting the medication. Relative infant dose (RID) as an infant risk for breastfeeding was calculated by dividing the infant dose via milk by the maternal dose. Results: The mean maternal dose of amlodipine was 6.0 mg. The medians of the plasma and milk concentrations of amlodipine were 15.5 and 11.5 ng/mL, respectively. Interindividual variation was observed in the amlodipine dose and body weight-adjusted milk concentrations (interquartile range [IQR], 96.7-205 ng/mL per mg/kg). The median and IQR of the amlodipine concentration ratio of milk to plasma were 0.85 and 0.74 to 1.08, respectively. The medians of infant birth weight and daily amlodipine dose via milk were 2170 g and 4.2 ìg/kg, respectively. The median of the RID of amlodipine was 4.2% (IQR, 3.1%-7.3%). Conclusion: Lactating women with pregnancy-induced hypertension had higher plasma concentrations of amlodipine during the early postpartum period. Oral amlodipine transferred into breast milk at the same level as that of plasma. However, the RID of amlodipine in most patients was less than 10%.

3. An Innovative Nursing Approach to Caring for an Obstetric Patient With Rape Trauma Syndrome

**Citation:** Journal of Obstetric, Gynecologic, and Neonatal Nursing, May 2015, vol. 44, no. 3, p. 397-404, 0884-2175 (May-Jun 2015)

**Author(s):** Parker, Cheryl

**Abstract:** Rape trauma syndrome (RTS) is a posttraumatic stress disorder that can be triggered by routine procedures experienced during childbirth. An explanation of the signs and symptoms of RTS is provided, including how to avoid retraumatization during intrapartum care. A case report is presented from a provider perspective to illustrate the seriousness of this disorder and the importance of delivering respectful care. A new approach to obstetric routines is warranted to avoid further traumatizing the woman with RTS.

4. Antenatal support for people with learning disabilities

**Citation:** British Journal of Midwifery, May 2015, vol. 23, no. 5, p. 344-348, 0969-4900 (May 2015)

**Author(s):** Harrison, Ruth, Willis, Susan

**Abstract:** Following the introduction of learning disability nurses in acute and primary care in 2009, several health areas were taken into consideration as a priority for change. Maternity services were considered in order to bring this area into line with the other parts of the UK. This article will examine the provision of services for people with learning disabilities, and identify areas for improvement including educational needs for midwives. Outcomes of an audit and evaluations of local services against national policy and provision will be highlighted, barriers faced by both prospective parents with a learning disability and by professionals will be discussed and recommendations for future practice will be presented. Misleading diagnosis, discrepancies in numbers and training developments will also be addressed. Despite Government policy identifying that ‘reasonable adjustment’ must be made when supporting parents with a learning disability, 23 midwives, team managers and health care assistants in midwifery services in Nottinghamshire have highlighted that there is little awareness in the field locally. [PUBLICATION] 22 references

**Source:** BNI

**Full text:** Available EBSCOhost at British Journal of Midwifery
5. Baby Steps: Supporting parents from minority ethnic backgrounds in the perinatal period


Author(s): Brookes, Helen, Coster, Denise, Sanger, Camilla

Abstract: Mothers from minority ethnic groups are at increased risk of poor mental and physical health outcomes across the perinatal period, and often fail to access existing antenatal support services. There is currently a lack of research about how such families can be supported. The NSPCC has developed and evaluated a group-based perinatal education programme which was designed to meet the needs of a range of disadvantaged parents, including some from minority ethnic backgrounds. In-depth face-to-face interviews were carried out with a sample of 14 minority ethnic parents who had completed the programme. Positive outcomes reported by parents included: increased knowledge about pregnancy and parenting; improved relationships with partners and infants; and, for some, changes in attitudes towards gender roles, corporal punishment and female genital mutilation. The programme was a particularly important source of information and support for parents who were socially isolated. Factors that engaged this group of parents in the programme included: the use of interpreters; cultural competence among practitioners; and practitioners working flexibly by offering additional support and making themselves available to liaise with other agencies on behalf of the parents. [PUBLICATION] 20 references

Source: BNI


Citation: Midwifery, 01 May 2015, vol./is. 31/5(532-539), 02666138

Author(s): Keely, Alice, Lawton, Julia, Swanson, Vivien, Denison, Fiona C.

Language: English

Abstract: Objective: to explore the factors that influence breast-feeding practices in obese women who had either stopped breast-feeding or were no longer exclusively breast-feeding 6-10 weeks following the birth of their babies, despite an original intention to do so for 16 weeks or longer. Specifically (i) to identify the barriers to successful breast-feeding and reasons for introducing formula and/or stopping breast-feeding, and (ii) to explore the women's views and experiences of current breast-feeding support services. Design: descriptive, qualitative study comprising semi-structured face-to-face interviews. Interviews were audio recorded and transcribed. The data were analysed using thematic analysis. Setting: participants recruited from one large maternity unit in Scotland and interviewed in their homes. Participants: 28 obese women at 6-10 weeks following birth. Findings: three major themes emerged from the data analysis: the impact of birth complications, a lack of privacy, and a low uptake of specialist breast-feeding support. Impact of birth complications: 19 of 28 women had given birth by caesarean section and some felt this led to feeling 'out of it' post-operatively, a delay in establishing skin-to-skin contact, and in establishing breast-feeding. Lack of privacy: several women described reluctance to breast feed in front of others, difficulties in achieving privacy, in hospital, at home and in public. Low uptake of postnatal breast-feeding support: despite experiencing problems such as physical difficulties during breast-feeding or a perception of low milk supply, breast-feeding support services were underused by this sample of women. A small number of the women in this study used breast-feeding clinics and reported finding these useful. A further small number felt they benefitted from the support of a friend who was successfully breast-feeding. Conclusion and implications for practice: midwives should be mindful of the presence of additional factors alongside maternal obesity, such as caesarean delivery, physical difficulties when breast-feeding, poor body image, and lack of confidence about sufficient milk supply. Scope for innovation within hospital policies with regard to both the facilitation of early skin-to-skin contact and privacy in postnatal accommodation could be explored in future research. Women should be provided with information about the provision and specific purpose of breast-feeding support groups and services and encouraged to access these services when appropriate. Future research could assess the usefulness of sustained breast-feeding support by health professionals, as well as partner involvement and formal peer support for this group of women. The education and training needs of health professionals in terms of supporting this group of women to breast feed may also usefully be explored.

Publication type: journal article

Source: CINAHL

Full text: Available Elsevier at Midwifery

7. Being born is good for you

Citation: Practising Midwife, Apr 2015, vol. 18, no. 4, p. 10-13, 1461-3123 (April 2015)

Author(s): Dahlen, Hannah

Abstract: The distrust in women's ability to give birth and the pathologising of this physiological process is a
relatively recent historical phenomenon. While there is increased recognition of the importance of normal birth for women, babies and society as a whole, the focus of researchers has, to date, been on relatively short-term outcomes; in particular perinatal mortality. As scientists develop the skills and gain knowledge in the area of epigenetics and the microbiome, we are glimpsing the potential long-term and even inter-generational implications of high rates of medical intervention during labour and birth. More research is urgently needed, and helping consumers to understand the potential ramifications is also important. Midwives need to be aware of these emerging areas of research and be able to communicate with women about them. [PUBLICATION] 19 references

Source: BNI

Full text: Available PRACTISING MIDWIFE (formerly MODERN MIDWIFE) at Practising Midwife, The


Citation: Journal of Health Visiting, May 2015, vol. 3, no. 5, p. 286-290, 2050-8719 (May 2015)

Author(s): Lee, Angela, Doherty, Nina, Dodds, Richard, Davies, Neville

Abstract: Background: Infants have been screened for developmental dysplasia of the hip (DDH) since the 1960s. However, changes to the national screening programme in 2008 have reduced the surveillance of DDH following the removal of the 8-month infant hip check, leaving only the 6-8 week hip check as standard. Aim: The study was to ascertain if parents/carers could be effective screeners in the detection of infant DDH using a self-check guide. Design and setting: A self-check guide for DDH was developed to enlist parents as screeners. The guide highlights common signs used to alert to the possibility of DDH or hip dislocation. It was disseminated during 2008-13 by the Royal Berkshire NHS Foundation Trust in West Berkshire, through maternity services and health centres. Results: Of those infants referred to our clinic as a result of parental screening, 73% were ‘abnormal’; of these, 33% went on to treatment with splintage. The mean age of infants was 5.36 months, and 20% of positive findings were in infants aged 7 months or over at the time seen. None went on to have open surgery. These patients represented 5-10% of the overall group of DDH-positive patients. If left undiagnosed, they may have gone on to late presentation requiring surgery as a child, or undiagnosed acetabular dysplasia and possible surgical treatment in relatively early adulthood. Conclusion: Given the right guidance, parents could assist in detecting DDH in their infant. [PUBLICATION] 16 references

Source: BNI

9. Decision making in midwifery: rationality and intuition

Citation: Practising Midwife, Apr 2015, vol. 18, no. 4, p. 14-18, 1461-3123 (April 2015)

Author(s): Steinhauer, Suyai

Abstract: Decision making in midwifery is a complex process that shapes and underpins clinical practice and determines, to a large extent, the quality of care. Effective decision making and professional accountability are central to clinical governance, and being able to justify all decisions is a professional and legal requirement. At the same time, there is an emphasis in midwifery on shared decision making, and keeping women at the centre of their care, and research reveals that feelings of choice, control and autonomy are central to a positive birth experience. However the extent to which decisions are really shared and care truly woman-centred is debatable and affected by environment and culture. Using a case study of a decision made in clinical practice around amniotomy, this article explores the role of the intuitive thinking system in midwifery decision making, and highlights the importance of involving women in the decision making process. [PUBLICATION] 28 references

Source: BNI

Full text: Available PRACTISING MIDWIFE (formerly MODERN MIDWIFE) at Practising Midwife, The

10. Does antenatal education prepare fathers for their role as birth partners and for parenthood?


Author(s): Smyth, Suzie, Spence, Dale, Murray, Karen

Abstract: A systematic review of the literature was undertaken to explore fathers' opinions and views on antenatal education and its effectiveness in preparing them for their role as birth partners and for parenthood. The findings are categorised under four key themes: outnumbered, excluded, anxious and uncertain, and preparedness. While research suggests that most fathers want to support their partners and be involved in the pregnancy, labour and birth of their baby, they are less likely to attend antenatal classes than women. While fathers who attend antenatal education classes value them, their experiences are not always as positive or helpful
in preparing them for their role as birth partners or in parenthood. It was highlighted that men are more likely to feel unprepared when complications at birth arise. A common finding was that men would welcome the opportunity to focus on their individual needs. [PUBLICATION] 72 references

Source: BNI

Full text: Available EBSCOhost at British Journal of Midwifery

11. Enhancing Communication and Response for Care of Newborns at Risk of Complications...
Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 02 June 2015, vol./is. 44/(0-), 08842175
Author(s): Donohue, Katie E., Hyland, Theresa
Language: English
Abstract: Paper Presentation Purpose for the Program To outline innovative enhancements to the communication system and processes used by health care providers across departments and disciplines to provide a rapid response and effective care for the compromised or potentially compromised newborn. Proposed Change The previous system for responding to events involving a compromised newborn was an unstructured and informal process that included multiple telephone calls, alerting of nondedicated pagers, and often required business associates to relay critical clinical details. Multiple points of communication opened opportunities for handoff failures, loss of information, and delay in response. The multidisciplinary Perinatal Committee designated this issue for a high-priority quality improvement project, including leadership from obstetrics (OB), pediatrics, and telecommunications. A collaborative process was used to engage multiple units across the Children's Hospital (newborn special care unit, labor and birth, maternal special care unit, maternity/well newborn, pediatric emergency department [ED], and adult ED). The existing Yale-New Haven Hospital Emergency155-page system was engaged and modified to accommodate the newborn response calls. New telephones were designated for newborn emergencies in each delivery room and within key departments, newborn response indicators were revised, and a response escalation system was implemented to ensure notification in the event of delayed newborn response. Implementation, Outcomes, and Evaluation A direct paging system that involved scripting at the point of need when calling for a newborn response team was implemented. A numerical code system was developed to designate the primary clinical indication. The clinical indication and location for response is presented on alphanumeric pagers within seconds of the initial response call. Key neonatal providers are now carrying pagers. The NICU has designated dedicated response teams and teams for deliveries. A call escalation system ensures notification of other providers in cases of a delayed response or for emergent situations.
Incorporating charge nurses and unit leadership into the notification system has improved situational awareness. Telecommunications and AT&T monitor and document all calls for quality assurance. An evaluation of postimplementation data indicated a 98.3% successful response rate when using the enhanced response system with an average response time of 2.5 minutes. Continuous communication with disciplines involved promotes analysis of current state and reveals areas for improvement. Implications for Nursing Practice Improvements to the system enhance safety and improve the comfort level of nurses to perform rapid responses for newborns. Simple processes, scripting, and shared responsibility for the system promotes teamwork and efficiency, potentially improving neonatal outcomes for the compromised newborn.
Publication type: journal article
Source: CINAHL

12. Ensuring practice is based on the best evidence: Masterclass on literature searching.
Citation: British Journal of Midwifery, 01 May 2015, vol./is. 23/5(356-358), 09694900
Author(s): Power, Alison, Siddall, Gillian
Language: English
Abstract: The Nursing and Midwifery Council’s revised Code became effective on 31 March 2015 (NMC, 2015a) and post-registration education and practice (Prep) will be replaced with revalidation in October 2015 (NMC, 2015b). The new standards and requirements aim to reassure the public that midwives are reflective, professional practitioners who provide high-quality care underpinned by best evidence (NMC, 2015a). The requirements of revalidation include increased continuing professional development (CPD) whereby midwives must provide written evidence of reflective practice and undertake at least 40 hours of work-related learning activities every 3 years (NMC, 2014; NMC, 2015a; 2015b). With the new requirement for written evidence of reflection, this article will provide some useful hints and tips on where and how to search for relevant literature and meet the requirements of the Code and revalidation.
13. Factors Associated with Seasonal Influenza Vaccination in Pregnant Women
Citation: Journal of Women's Health, May 2015, vol. 24, no. 5, p. 394-402, 1540-9996 (May 2015)
Author(s): Henninger, Michelle L., Irving, Stephanie A., Thompson, Mark, Avalos, Lyndsay Ammon, Ball, Sarah W., Shifflett, Pat, Naleway, Allison L.
Abstract: Background: This observational study followed a cohort of pregnant women during the 2010?2011 influenza season to determine factors associated with vaccination. Methods: Participants were 1105 pregnant women who completed a survey assessing health beliefs related to vaccination upon enrollment and were then followed to determine vaccination status by the end of the 2010?2011 influenza season. We conducted univariate and multivariate analyses to explore factors associated with vaccination status and a factor analysis of survey items to identify health beliefs associated with vaccination. Results: Sixty-three percent (n=701) of the participants were vaccinated. In the univariate analyses, multiple factors were associated with vaccination status, including maternal age, race, marital status, educational level, and gravidity. Factor analysis identified two health belief factors associated with vaccination: participant's positive views (factor 1) and negative views (factor 2) of influenza vaccination. In a multivariate logistic regression model, factor 1 was associated with increased likelihood of vaccination (adjusted odds ratio [aOR]=2.18; 95% confidence interval [CI]=1.72?2.78), whereas factor 2 was associated with decreased likelihood of vaccination (aOR=0.36; 95% CI=0.28?0.46). After controlling for the two health belief factors in multivariate analyses, demographic factors significant in univariate analyses were no longer significant. Women who received a provider recommendation were about three times more likely to be vaccinated (aOR=3.14; 95% CI=1.99?4.96). Conclusion: Pregnant women's health beliefs about vaccination appear to be more important than demographic and maternal factors previously associated with vaccination status. Provider recommendation remains one of the most critical factors influencing vaccination during pregnancy.
[PUBLICATION] 38 references
Source: BNI

14. Gastro-oesophageal reflux in the neonate: Clinical complexities and impact on midwifery practice
Citation: British Journal of Midwifery, May 2015, vol. 23, no. 5, p. 323-328, 0969-4900 (May 2015)
Author(s): Mitchell, Alex, Lamb, Kathryn, Sanders, Ruth
Abstract: Gastro-oesophageal reflux (GOR) is a common neonatal issue seen by midwives, which can develop into a complex clinical picture when symptoms give rise to gastro-oesophageal reflux disease (GORD), requiring further intervention and multidisciplinary team working. This article discusses the differences between GOR and GORD from a midwifery stance, highlighting the importance of effective communication with parents, and within the wider health-care professions. Early midwifery recognition and symptom clarity for both GOR and GORD are explored with management strategies and treatment options for both issues considered. As frontline practitioners during the puerperium, midwives are centrally placed to offer care and advice, emphasising the normality and self-limiting nature of GOR in the neonate and providing reassurance to parents. The importance of a meticulous feeding assessment and holistic midwifery approach to neonatal and maternal wellbeing is also examined. In light of the recently published national guidance, the care provision for babies experiencing GOR and GORD necessitates further midwifery consideration to ensure family-centred care. [PUBLICATION] 33 references
Source: BNI
Full text: Available EBSCOhost at British Journal of Midwifery

Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 02 June 2015, vol./is. 44/(0-), 08842175
Author(s): Spruill, Carol, Folh, Kendra
Language: English
Abstract: Poster Presentation Objective To ensure that antibiotic prophylaxis will occur 100% of the time within the one-hour window prior to incision for women with scheduled cesarean births at Children's Memorial Hermann Hospital Women's Services by July 30, 2014. Design A quality-improvement team of anesthesiologists, nurses, and pharmacists used quality-improvement methods to understand the problem and develop a new
process for antibiotic delivery. Sample Women with scheduled cesareans at Children's Memorial Hermann Hospital Women's Services comprised the sample. Methods Baseline data were collected to define the scope of the problem of antibiotics being delivered according to evidence-based guidelines. A fishbone diagram was developed to understand the potential causes of antibiotic delivery failure in 18% of patients from anesthesiologist and nursing staff perspectives. A waste walk was performed to identify inefficiencies. A map of the current process was created to detect potential stages at which interventions might improve the ability to give antibiotics on time. A spaghetti map was drawn after a nurse wearing a pedometer walked to all areas where nurses must travel to gather intravenous tubing and antibiotics to make a packet for anesthesia. A test of change in one pod was tested with positive results and then the new process was implemented in the entire unit. Postimplementation data were collected. Implementation Strategies Anesthesia, medicine, and nursing leaders approved the project. The new process was taught to all nurses and anesthesiologists with the goal to reduce surgical site infections by delivering antibiotics within one hour prior to incision. Specific resources and supplies needed for the process to work smoothly and efficiently were also implemented. Pyxix MedStations were purchased for operating rooms (ORs). The pharmacy supplied antibiotics and altered practice to support the new process. Information systems collaborated on the implementation of Power Chart Maternity Care4 (PCM), a new electronic charting method, to reduce the incidence of charting in different software and to support the convenience of charting medications in the ORs for the anesthesiologists. Results The goal of 100% compliance was not met, although at 99%, the goal is within reach. The new process is in place and Power Chart Maternity has been implemented. Conclusion/Implications for Nursing Practice A control plan to maintain gains will need to be in place. Implications for nursing practice include the elimination of time wasted in finding tubing and antibiotics and the ability of the nursing staff to focus on laboring women without leaving the bedside.

**Publication type:** journal article

**Source:** CINAHL

16. Intimate partner violence and pregnancy: How midwives can listen to silenced women.

**Citation:** British Journal of Midwifery, 01 June 2015, vol./is. 23/6(412-416), 09694900

**Author(s):** Grier, Gemma, Geraghty, Sadie

**Language:** English

**Abstract:** Intimate partner violence (IPV) during pregnancy is a challenging professional issue for midwives, and is associated with serious health consequences for the woman and her baby including significant long-term physical, psychological and social ramifications. One in four women will experience IPV in their lifetime and midwives have an important role in the screening, care and management of pregnant women who may be experiencing IPV. Antenatal screening for IPV is recommended for all women, regardless of presence of risk factors or indicators of abuse.

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available EBSCOhost at [British Journal of Midwifery](https://link.ebscohost.com/)...
18. No Evidence of Purported Lunar Effect on Hospital Admission Rates or Birth Rates

Citation: Nursing Research, May 2015, vol. 64, no. 3, p. 168-175, 0029-6562 (May 2015)

Author(s): Margot, Jean-Luc

Abstract: Background: Studies indicate that a fraction of nursing professionals believe in a "lunar effect"-a purported correlation between the phases of the Earth's moon and human affairs, such as birth rates, blood loss, or fertility. Purpose: This article addresses some of the methodological errors and cognitive biases that can explain the human tendency of perceiving a lunar effect where there is none. Approach: This article reviews basic standards of evidence and, using an example from the published literature, illustrates how disregarding these standards can lead to erroneous conclusions. Findings: Román, Soriano, Fuentes, Gálvez, and Fernández (2004) suggested that the number of hospital admissions related to gastrointestinal bleeding was somehow influenced by the phases of the Earth's moon. Specifically, the authors claimed that the rate of hospital admissions to their bleeding unit is higher during the full moon than at other times. Their report contains a number of methodological and statistical flaws that invalidate their conclusions. Reanalysis of their data with proper procedures shows no evidence that the full moon influences the rate of hospital admissions, a result that is consistent with numerous peer-reviewed studies and meta-analyses. A review of the literature shows that birth rates are also uncorrelated to lunar phases. Conclusions: Data collection and analysis shortcomings, as well as powerful cognitive biases, can lead to erroneous conclusions about the purported lunar effect on human affairs. Adherence to basic standards of evidence can help assess the validity of questionable beliefs. [PUBLICATION] 33 references

Source: BNI

19. Nurses Improving the Health of Mothers and Infants by Dancing the 10 Steps to Successful Breastfeeding... Proceedings of the 2015 AWHONN Convention.

Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 02 June 2015, vol./is. 44/(0-0), 08842175

Author(s): Allen, Marianne, Schafer, Deborah J.

Language: English

Abstract: Poster Presentation Objective To implement practices that promote optimal infant feeding for all mothers and infants at our organization. Our organization had implemented some components of the Ten Steps to Successful Breastfeeding, but the breastfeeding initiation rate was 62% and the formula supplementation rate was 70%. Design The following guidelines were followed: The Baby-Friendly Hospital Initiative Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation, AWHONN's Breastfeeding Support through First Two Years Evidence-Based Practice Guideline, and AWHONN's Assessment and Care of the Late Preterm Infant Evidence-Based Practice Guideline. Sample Pregnant women, postpartum mothers and their infants, health care providers, and the health care organization. Methods Participation in 89-hospital national quality improvement initiative to help improve maternity care and increase the number of Baby Friendly designated hospitals. An interdisciplinary team collaborated to move the organization through the discovery, development, dissemination, and designation phases for a 2-year process improvement. Implementation Strategies Implementation strategies included assessment of current practice, identification of barriers and opportunities, and strategies to support significant changes that encompass the continuum of care; development and implementation of a staff teaching plan of knowledge and practical skills necessary to implement practices that support the Ten Steps to Successful Breastfeeding; review of materials across the organization and private practices; development of patient education materials and a comprehensive teaching plan; monthly quantitative and qualitative audits; rapid cycle testing; collaboration and communication with stakeholders at all levels of organization; and community partnerships. Integral to the success of the quality initiative were weekly interdisciplinary team meetings, presentations at obstetrics and pediatric department meetings, role development of breastfeeding champions, incremental phase-in of practice changes, education roll-outs and celebrations, and monthly tracking of our progress in meeting the Ten Steps with communication to staff, physicians, and administration. Results Results included heightened professional environment of competence, enhanced delivery of patient centered care, improved health of mothers and infants, increased patient satisfaction, and achievement of regulatory compliance benchmarks. The implementation of the Ten Steps to Successful Breastfeeding resulted in improved rates of breastfeeding as well as reduced ethnic, racial, and socioeconomic disparities related to infant feeding. Conclusion/Implications for Nursing Practice This presentation demonstrates the effect of a nurse-led, quality initiative that improved the continuum of care for mothers and infants from the prenatal period, to delivery, and through postdischarge community care. The steps to implementation can be a model for other organizations that want to improve the quality of health care to support
20. Physiological and hormonal changes and GI problems experienced in pregnancy.

**Citation:** Gastrointestinal Nursing, 01 May 2015, vol./is. 13/4(17-25), 14795248

**Author(s):** Hall, Veronica, Owens, Catherine, Blackwell, Rebecca

**Language:** English

**Abstract:** Pregnancy can be a time of uncertainty for many would-be parents. For those mothers with a pre-existing gastrointestinal (GI) disorder, it can cause many uncertainties and concerns, particularly relating to medication and the effect of the disease on the unborn baby. This is the first in a four-article series focusing on the management of GI conditions in relation to fertility, the preconception period, during pregnancy, and the postnatal period including breast feeding. For nurses and midwives to protect and promote health and wellbeing, it is vital for them to have good insight into GI function in order to recognise abnormalities when they occur, both as part of the expected physiological adaptation of pregnancy and when intervention is required. Having this insight will allow the GI nurse to safely plan and implement evidence-based and holistic support to those who want to conceive, pregnant women, and their families as part of the wider multidisciplinary team. This article explores the various GI problems caused by pregnancy. Physiological and hormonal changes and GI problems experienced in pregnancy Veronica Hall, Consultant Nurse Gastroenterology, Catherine Owens, Consultant Midwife, Rebecca Blackwell, Liver Nurse Specialist, Royal Bolton Hospital, Bolton, England

Veronica.Hall@boltonft.nhs.uk

"Gastrointestinal tract ""HELLP ""Hypremisis gravidarum

""Intrahepatic cholestasis of pregnancy This article has been subject to double-blind peer review

**Key Publication type:** journal article

**Source:** CINAHL

**Full text:** Available Mark Allen Group at Gastrointestinal Nursing

21. Pictorial estimation of blood loss in a birthing pool - an aide memoire

**Citation:** Practising Midwife, Apr 2015, vol. 18, no. 4, p. 29-32, 1461-3123 (April 2015)

**Author(s):** Goodman, Anushia

**Abstract:** The aim of this article is to share some photographic images to help midwives visually estimate blood loss at water birth. PubMed, CINAHL and MEDLINE databases were searched for relevant research. There is little evidence to inform the practice of visually estimating blood loss in water, as discussed further on in the article. This article outlines a simulation where varying amounts of blood were poured into a birthing pool, captured by photo images. Photo images of key amounts like 150mls, 300mls and 450mls can be useful visual markers when estimating blood loss at water births. The speed of spread across the pool may be a significant factor in assessing blood loss. The author recommends that midwives and educators embark on similar simulations to inform their skill in estimating blood loss at water birth. [PUBLICATION] 9 references

**Source:** BNI

**Full text:** Available PRACTISING MIDWIFE (formerly MODERN MIDWIFE) at Practising Midwife, The

22. Qualitative systematic review: barriers and facilitators to smoking cessation experienced by women in pregnancy and following childbirth

**Citation:** Journal of Advanced Nursing, Jun 2015, vol. 71, no. 6, p. 1210-1226, 0309-2402 (June 2015)

**Author(s):** Flemming, Kate, McCaughan, Dorothy, Angus, Kathryn, Graham, Hilary

**Abstract:** Aim. To explore barriers and facilitators to smoking cessation experienced by women during pregnancy and postpartum by undertaking a synthesis of qualitative studies. Background. The majority of pregnant women are aware that smoking in pregnancy compromises maternal and infant health. Despite this knowledge, quit rates among pregnant women remain low, particularly among women in disadvantaged circumstances; disadvantage also increases the chances of living with a partner who smokes and returning to smoking after birth. A deeper understanding of what hinders and what helps pregnant smokers to quit and remain ex-smokers postpartum is needed. Design. A synthesis of qualitative research using meta-ethnography. Data sources. Five electronic databases (January 1990-May 2013) were searched comprehensively, updating and extending the search for an earlier review to identify qualitative research related to the review's aims. Review methods. Following appraisal, 38 studies reported in 42 papers were included and synthesized following the principles of meta-ethnography. Over 1100 pregnant women were represented, the majority drawn from disadvantaged groups. Results. Four
factors were identified that acted both as barriers and facilitators to women's ability to quit smoking in pregnancy and postpartum: psychological well-being, relationships with significant others, changing connections with her baby through and after pregnancy; appraisal of the risk of smoking. Conclusion. The synthesis indicates that barriers and facilitators are not fixed and mutually exclusive categories; instead, they are factors with a latent capacity to help or hinder smoking cessation. For disadvantaged smokers, these factors are more often experienced as barriers than facilitators to quitting. [PUBLICATION] 63 references

Source: BNI

23. Stressful Events During Pregnancy and Postpartum Depressive Symptoms

Citation: Journal of Women's Health, May 2015, vol. 24, no. 5, p. 384-393, 1540-9996 (May 2015)

Author(s): Stone, Sarah Lederberg, Diop, Hafsatou, Declercq, Eugene, Cabral, Howard J., Fox, Matthew P., Wise, Lauren A.

Abstract: Background: Understanding the influence of perinatal stressors on the prevalence of postpartum depressive symptoms (PDS) and help-seeking for PDS can inform service provision and improve health outcomes. Methods: We used Massachusetts Pregnancy Risk Assessment Monitoring System (MA-PRAMS) 2007?2010 data to evaluate associations between selected perinatal stressors and PDS and with subsequent help-seeking behaviors. We categorized 12 stressors into 4 groups: partner, traumatic, financial, and emotional. We defined PDS as reporting ?always? or ?often? to any depressive symptoms on PRAMS Phase 5, or to a composite score =10 on PRAMS Phase 6 depression questions, compared with women reporting sometimes, ? rarely? or ?never? to all depressive symptoms. The median response time to MA-PRAMS survey was 3.2 months (interquartile range, 2.9?4.0 months). We estimated prevalence ratios (PRs) and 95% confidence intervals (95% CIs) using modified Poisson regression models, controlling for socioeconomic status indicators, pregnancy intention and prior mental health visits. Results: Among 5,395 participants, 58% reported =1 stressor (partner=26%, traumatic=16%, financial=29% and emotional=30%). Reporting of =1 stressor was associated with increased prevalence of PDS (PR=1.68, 95% CI: 1.42?1.98). The strongest association was observed for partner stress (PR=1.90, 95% CI: 1.51?2.38). Thirty-eight percent of mothers with PDS sought help. Mothers with partner-related stressors were less likely to seek help, compared with mothers with other grouped stressors. Conclusions: Women who reported perinatal common stressors?particularly partner-related stressors?had an increased prevalence of PDS. These data suggest that women should be routinely screened during pregnancy for a range of stressors and encouraged to seek help for PDS. [PUBLICATION] 38 references

Source: BNI


Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 02 June 2015, vol./is. 44/(0-0), 08842175

Author(s): Scheans, Pat, McElwain, Lori

Language: English

Abstract: Poster Presentation Purpose for the Program Maintaining high levels of readiness for neonatal resuscitation in settings with low-risk maternity services is challenging. Use of the American Academy of Pediatrics Neonatal Resuscitation Program (NRP) algorithm is a community standard in the United States; however, training is often only required every 2 years, and few staff receive enough exposure to these critical events to be proficient at timely implementation of the algorithm and advanced procedures such as umbilical vein access and endotracheal intubation. Birth centers may not have a practitioner immediately available to lead neonatal resuscitation. Even when staff is trained in advanced procedures, the skills needed for full resuscitation are not performed regularly, and low levels of comfort with these skills are reported. Additionally, task saturation occurs when team leaders are expected to perform advanced procedures while leading the resuscitation team. There are reports that errors in neonatal resuscitation continue to occur related to team skill level, including problems with effective training, muscle memory building, communication, and task saturation. At sites where there is limited exposure to emergency events because of low volumes of high-risk deliveries, staff may never build up the experience needed to efficiently and effectively resuscitate a premature or ill newborn. Proposed Change To develop a Telemedicine Resuscitation Program that links a remote NRP leader in a neonatal intensive care unit (NICU) to low-risk maternity centers. There is evidence to support the value of hands-free leadership to help prevent task saturation and the benefits of communication to promote patient safety. Implementation, Outcomes, and Evaluation We implemented the program between a Level- IV NICU and three Level-I nursery sites within our system. Every patient event was tracked, debriefed, and analyzed. Our outcomes data show an improvement in team support and improved communication, which have led to more effective, consistent

Source: BNI
adherence to NRP principles and a positive effect on time-to-transfer initiation and time-to-initiation of neuroprotective cooling. Implications for Nursing Practice This novel use of telemedicine for remote neonatal resuscitation leadership could support perinatal teams at community hospitals by tertiary care centers. Furthermore, it could improve medical care in remote and low-resource birthing centers throughout the United States and around the world.

Publication type: journal article
Source: CINAHL

25. The association between the regular use of preventive labour induction and improved term birth outcomes: findings of a systematic review and meta-analysis

Citation: BJOG, May 2015, vol. 122, no. 6, p. 773-784, 1470-0328 (May 2015)

Author(s): Nicholson, JM, Kellar, LC, Henning, GF, Waheed, A, Colon-Gonzalez, M, Ural, S

Abstract: Background Despite a lack of high-quality evidence, the use of non-indicated term labour induction is increasingly restricted throughout the world. Objectives To assess published associations between the regular use of modelled risk-based non-indicated term labour induction (hereinafter preventive induction) and rates of common adverse birth outcomes. Search strategy MEDLINE and PUBMED databases were searched electronically. Selection criteria Studies were identified that compared term birth outcomes following either the current standard approach with its emphasis on the expectant management of intermediate-level risk or the regular use of preventive induction. Data collection and analysis Four studies from four unique databases were identified. A meta-analysis was performed using STATA IC12. Main results Pregnancies exposed to the regular use of preventive induction (n = 1153), as compared with pregnancies receiving the current standard approach (n = 1865), experienced a lower caesarean delivery rate (5.7% versus 14.4%; relative risk 0.39, 95% CI 0.31-0.50; I² P = 0.21), a lower newborn intensive care unit admission rate (2.9% versus 6.5%; relative risk 0.45, 95% CI 0.31-0.65; I² P = 0.57), and a lower weighted adverse outcome index score (2.8 versus 6.1). Conclusions The regular use of preventive induction, as compared with the current standard approach, was associated with a more favourable pattern of birth outcomes. Other recently published meta-analyses have also determined that certain types of non-indicated labour induction are beneficial. Accordingly, the current broad restrictions on non-indicated labour induction should be reconsidered. Adequately powered multi-site randomised clinical trials are needed to definitively study the risks and benefits of modelled risk-based non-indicated (i.e. preventive) term labour induction. [Publication] 63 references

Source: BNI

26. The efficacy of ‘debriefing’ after childbirth: Is there a case for targeted intervention?

Citation: Journal of Reproductive & Infant Psychology, 01 July 2015, vol./is. 33/3(308-320), 02646838

Author(s): Sheen, Kayleigh, Slade, Pauline

Language: English

Abstract: Objective: To review the efficacy of debriefing interventions for reducing posttraumatic stress (PTS) and/or depressive symptoms in postnatal women. Background: Techniques referred to as debriefing have been adapted for use within maternity care settings to prevent the development of PTS symptoms or depression. There is a requirement to disaggregate methods and approaches used by existing studies, rather than review the research as a whole, to identify elements that may contribute to an efficacious intervention and to clarify what is currently a confused position. Methods: Papers assessing the utility of providing a brief psychological intervention involving discussion of a birth with the mother and a professional, to reduce symptoms of PTS or depression, were reviewed. Discussions could be structured or unstructured, and involve any aspect of discussing the birth, responses and coping strategies. Results: Nine papers (eight studies) were reviewed. While the majority of studies reported findings indicating that debriefing was ineffective for reducing PTS or depressive symptoms, there was evidence indicating that targeted interventions (for women who experienced a traumatic birth) were efficacious. Conclusion: There may be potential utility in providing a debriefing intervention for women who perceive their childbirth experience to have been traumatic. A diversity of approaches termed ‘debriefing’ highlight a requirement to consider alternative terminology; the term ‘childbirth review’ is suggested as a useful alternative. Further research evaluating the efficacy of debriefing using a targeted approach for trauma perception is recommended.

Publication type: journal article
Source: CINAHL
27. The Impact of an ECV Service is Limited by Antenatal Breech Detection: A Retrospective Cohort Study... External Cephalic Version.

Citation: Birth: Issues in Perinatal Care, 01 June 2015, vol./is. 42/2(165-172), 07307659
Author(s): Hemelaar, Joris, Lim, Lee N., Impey, Lawrence W.

Abstract: Background: External cephalic version (ECV) reduces the chance of breech presentation at term birth and lowers the chance of a cesarean delivery. ECV services are now in place in many units in the United Kingdom but their effectiveness is unknown. The aim of this study was to investigate the reasons for breech presentation at term birth. Methods: We performed a retrospective cohort study of 394 consecutive babies who were in breech presentation at term birth in a large United Kingdom maternity unit that offers ECV. The cohort was analyzed over two time periods 10 years apart: 1998-1999 and 2008-2009. Results: Only 33.8 percent of women had undergone a (failed) ECV attempt. This low proportion was mainly because breech presentation was not diagnosed antenatally (27.9%). Other contributing factors were: ECV not offered by clinicians (12.2%), ECV declined by women (14%), and contraindications to ECV (10.7%). Over the 10-year period, the proportion of breech presentations that were not diagnosed antenatally increased from 23.2 to 32.5 percent (p = 0.04), which constituted 52.8 percent of women who had not undergone an ECV attempt in 2008-2009. Failure of clinicians to offer ECV reduced from 21.6 to 3.0 percent (p = 0.0001) and the proportion of women declining ECV decreased from 19.1 to 9.0 percent (p = 0.005). Overall, ECV attempts increased from 28.9 to 38.5 percent (p = 0.05). Conclusions: Although ECV counseling, referral, and attempt rates have increased, failure to detect breech presentation antenatally is the principal barrier to successful ECV. Improved breech detection would have a greater impact than methods to increase ECV success rates.

Publication type: journal article
Source: CINAHL

28. The place of Kielland's forceps in reducing caesarean section rates

Citation: Practising Midwife, Apr 2015, vol. 18, no. 4, p. 23-25, 1461-3123 (April 2015)
Author(s): Balchandra, Pooja, Marsh, Fiona, Landon, Christine

Abstract: The rise in births by caesarean section (CS) is a global issue. A skilled obstetrician with a midwife knowledgeable in Kielland's forceps (KF) is often able to achieve a successful rotational vaginal birth when safe. The KF, however, has risks - and outcomes must be audited. In this article we present the results of a literature review and retrospective audit, evaluate maternal and neonatal morbidity associated with KF in our unit and compliance with national standards. Our conclusion is that our unit complies with national standards and offers the woman an alternative to CS when it is safe to do so. Adverse outcomes with KF are not different from other modes of operative birth. [PUBLICATION] 17 references

Source: BNI

Full text: Available PRACTISING MIDWIFE (formerly MODERN MIDWIFE) at Practising Midwife, The

29. Transforming Communication and Safety Culture in Intrapartum Care: A Multi-Organization Blueprint

Author(s): Lyndon, Audrey, Johnson, M Christina, Bingham, Debra, Napolitano, Peter G, Joseph, Gerald, Maxfield, David G, O'Keeffe, Daniel F

Abstract: Effective, patient-centered communication facilitates interception and correction of potentially harmful conditions and errors. All team members, including women, their families, physicians, midwives, nurses, and support staff, have roles in identifying the potential for harm during labor and birth. However, the results of collaborative research studies conducted by organizations that represent professionals who care for women during labor and birth indicate that health care providers may frequently witness, but may not always report, problems with safety or clinical performance. Some of these health care providers felt resigned to the continuation of such problems and fearful of retribution if they tried to address them. Speaking up to address safety and quality concerns is a dynamic social process. Every team member must feel empowered to speak up about concerns without fear of put-downs, retribution, or receiving poor-quality care. Patient safety requires mutual accountability: individuals, teams, health care facilities, and professional associations have a shared responsibility for creating and sustaining environments of mutual respect and engaging in highly reliable perinatal
care. Defects in human factors, communication, and leadership have been the leading contributors to sentinel events in perinatal care for more than a decade. Organizational commitment and executive leadership are essential to creating an environment that proactively supports safety and quality. The problem is well-known; the time for action is now. [PUBLICATION] 50 references

Source: BNI

30. Understanding postpartum psychosis
Citation: Community Practitioner, May 2015, vol. 88, no. 5, p. 22-23, 1462-2815 (May 2015)
Author(s): Berrisford, Giles, Lambert, Andrea, Heron, Jessica
Abstract: Conception, pregnancy, childbirth and the postpartum period are a time of enormous change for all women from a biological, psychological and social perspective. For approximately one to two in 1,000 women, the rapid onset of psychotic symptoms as seen in postpartum psychosis (PP) exacerbate this further. PP is a severe mental illness that affects mothers shortly after delivery. It is characterised by psychotic symptoms. PP is a psychiatric emergency. Once a diagnosis is made, the priority is to keep mother and baby safe. Often mothers need to be admitted to an inpatient psychiatric unit. Ideally, mothers should be admitted together with their baby to a psychiatric mother and baby unit. One to two in 1,000 of women in the general population are at risk of developing PP. All pregnant women need to be made aware that PP exists, that it can be treated, and that full recovery is possible. [Publication] 17 references
Source: BNI

31. What does the general public in the UK know about the risk to a developing foetus if exposed to alcohol in pregnancy? Findings from a UK mixed methodology study
Citation: Child: Care, Health & Development, May 2015, vol. 41, no. 3, p. 467-474, 0305-1862 (May 2015)
Author(s): Mukherjee, R., Wray, E., Hollins, S., Curfs, L.
Abstract: Introduction Foetal alcohol spectrum disorders (FASD) are a set of preventable conditions where the foetus is exposed to alcohol in utero and as a result suffers adverse consequences. To develop a public health strategy related to FASD, it is important to first establish what is known by the public about this condition. This study aimed to assess the current level of knowledge about FASD in the UK general population. Methods A mixed methodology study was conducted using a 17-item questionnaire and focus group sessions. Four focus groups were held with an average of 10 people in each group. Semi-structured questions and thematic analysis of interviews alongside quantitative analysis of the questionnaire data was completed. The research was approved by an National Health service (NHS) research ethical committee. Results A total of 674 people responded to the questionnaire and a majority (86.7%) had heard about FASD, with most receiving their information from the media (26.2%) or from their work (27.7%). Four broad themes emerged. Overall these were: a general lack of knowledge about the subject; information about the subject needed to be personally relevant; there was a need for further education; and there was a lack of clarity in the current guidance on alcohol use in pregnancy. Discussion and conclusions Currently there appears to be a superficial level of knowledge about FASD in the UK general public. More detailed work in subgroups, such as young women, to identify their specific needs may be necessary before targeted public health and educational interventions can be developed to meet the needs of the general public. [PUBLICATION] 33 references
Source: BNI

News

NHS Choices

Meningitis B vaccine 'available from September'
Monday 22nd June 2015
"All newborn babies in England and Scotland are to be offered a vaccine to combat meningitis B from September," BBC News reports. This will be the world's first publicly funded vaccination programme for the potentially fatal disease.

Too soon to say if breastfeeding problems could be genetic
"Is your inability to breastfeed written in your genes?" the Mail Online asks. The question is prompted by animal research that discovered that problems with a protein called ZnT2 may restrict milk production after pregnancy.

Depression 'starts in the womb' claim is unproven
Friday June 5 2015
Around 1 in 8 women experience depression during pregnancy “The seeds of depression can be sown in the womb,” is the claim in the Mail Online. While a new study did find that depression during pregnancy was linked to an increased risk of depression in adult offspring, a range of factors could be contributing.

Is paracetamol use in pregnancy harmful for male babies?
Thursday 21st May 2015
"Paracetamol use in pregnancy may harm male foetus," The Guardian reports. Researchers found evidence that taking paracetamol for seven days may lower the amount of testosterone testicular tissue can produce – using human foetal testicular tissue grafted into mice. Low testosterone levels in male pregnancies have been linked to a range of conditions, ranging from the relatively benign, such as undescended testicles, to more serious conditions, such as infertility and testicular cancer.

NHS England

Bring us your experiences of maternity services – Baroness Julia Cumberlege
Monday 22nd June 2015
The National Maternity Review is led by Baroness Julia Cumberlege. At its latest meeting the review team discussed vital work gathering wide ranging views of maternity services.

Public Health England

Newborn and infant physical examination screening: programme updates
Monday 22nd June 2015
Updates from the NHS newborn and infant physical examination (NIPE) screening programme.

Newborn outcomes project: definition and implementation
Thursday 4th June 2015
The newborn outcomes project uses named data for babies and children under 5 with sickle cell disorders or thalassaemia to assess:
• the health of babies or children affected with sickle cell disorders or thalassaemia
• timeliness of entry in to care and start of treatment for affected babies or children
• antenatal screening history

Training, Networking, Events and Conferences

The Health Foundation

Patient safety resource centre - Maternity

Royal College of Midwives

RCM Events

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