Healthcare Library
Current Awareness Bulletin – Maternity
December 2014

This monthly Current Awareness Bulletin is produced by the Healthcare Library to provide staff working in Maternity and Neonatal Services with a range of resources to support practice. It includes recently published guidelines and research articles, news and policy items, and details of new library resources.

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News

Low Apgar scores: Predictors of neonatal and infant deaths (November 2014)

Department of Health

Changes to the health visiting service
12th November 2014
A factsheet providing information for health practitioners, providers and local authorities on changes to the:
• Healthy Child Programme
• Health Visiting Programme
• importance of health visiting
• transfer of service commissioning for 0 to 5 to local authorities from 2015
NHS Choices

Are pollution and attention problems related?
Monday 10th November 2014
“Could ADHD be triggered by mothers being exposed to air pollution while pregnant?,” asks the Mail Online. Pregnant women have enough to worry about, without going round in a gas mask or moving to the country. Fortunately, the study that this news relates to doesn’t find a connection between exposure to pollution while pregnant and attention deficit hyperactivity disorder (ADHD).

Breastfeeding voucher scheme 'shows promise'
Friday 21st November 2014
The scheme, which has attracted controversy since it was announced, aimed to tackle the problem of low rates of breastfeeding in the UK compared with other developed nations. Mothers who live in the poorest areas of the country have been found to be more likely to prefer bottle feeding. The pilot scheme has tested whether it is possible to try to boost breastfeeding rates by offering new mothers shopping vouchers if they breastfeed their baby until specific ages.
Policy and Guidance

Department of Health

National Institute for Health and Care Excellence (NICE)

Intrapartum care: care of healthy women and their babies during childbirth

Postnatal care

Vitamin D: increasing supplement use among at-risk groups

New and Updated Cochrane Systematic Reviews

New Reviews –

Interventions for women in subsequent pregnancies following obstetric anal sphincter injury to reduce the risk of recurrent injury and associated harms

Strategies for improving postpartum contraceptive use: evidence from non-randomized studies

Updated Reviews –

Antibiotics for meconium-stained amniotic fluid in labour for preventing maternal and neonatal infections

Different classes of antibiotics given to women routinely for preventing infection at caesarean section

Early additional food and fluids for healthy breastfed full-term infants

Hepatitis B vaccination during pregnancy for preventing infant infection

Interventions for preventing or reducing domestic violence against pregnant women

Routine perineal shaving on admission in labour

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.

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25. What Women Want: Lead Considerations for Current and Future Applications of Noninvasive Prenatal Testing in Prenatal Care

26. Women’s experiences of body image and baby feeding choices: Dealing with the pressure to be slender.
Journal Articles

1. Attitudes of student midwives caring for women with perinatal mental health problems.
Citation: British Journal of Midwifery, 01 October 2014, vol./is. 22/10(718-724), 09694900
Author(s): Jarrett, Patricia
Language: English
Abstract: Aims: This study aimed to explore the attitudes of student midwives near completion of their midwifery training, in the care of women with mental health problems in the East end of London. Method: In this exploratory study using qualitative methods, seven student midwives who were near completion of a BSc in midwifery were interviewed in small groups. The data were analysed using thematic analysis. Results: Four themes were identified from the interviews: identification and assessment of women, asking women questions about perinatal health, using stereotypes in the care of women, caring for and responding to women with perinatal mental health problems. Conclusion: These findings are helpful in informing more conclusive research on midwives’ training and practice in the care of women with perinatal mental health problems.
Publication type: journal article
Source: CINAHL
Full text: Available EBSCOhost at No link? Ask Salisbury Healthcare Library - please click here to request article.

2. Clinical handover on the labour ward: A narrative synthesis of the literature.
Citation: British Journal of Midwifery, 01 October 2014, vol./is. 22/10(738-745), 09694900
Author(s): Spranzi, Francesca
Language: English
Abstract: Objective: To assess the extent of current knowledge on clinical handover on the labour ward. Methods: Electronic database searching was supplemented by manual searching of the reference lists of retrieved articles. Results: A total of nine studies and articles were identified, reviewed and are presented as a narrative synthesis. Six of these include the use of a mnemonic during handover on labour ward, of which two report a post-intervention reduction in serious clinical incidents. Conclusion: The literature available on clinical handover on labour ward is limited. Further research is needed to develop evidence to guide clinical practice in relation to handover of care on labour ward.
Publication type: journal article
Source: CINAHL
Full text: Available EBSCOhost at No link? Ask Salisbury Healthcare Library - please click here to request article.

3. Comparison of instrumental vaginal births by assisted birth practitioner midwives and medical practitioners.
Citation: British Journal of Midwifery, 01 October 2014, vol./is. 22/10(700-705), 09694900
Author(s): Davison, Margaret Anne, Murray, Sarah, Whitaker, Lucy, Rendall, Lesley, Gammie, Nicky, Magowan, Brian
Language: English
Abstract: The role of the assisted birth practitioner (ABP) midwife is extending the traditional scope of midwifery practice to include instrumental vaginal births. A retrospective cohort study was carried out to examine the 6 months immediately after the introduction of ABP midwives into the middle-grade tier of a medical practitioner rota. Maternal and neonatal outcomes of births by ABP midwives were compared to those by medical practitioner. The results were analysed with a combination of independent (P<0.05), Mann- Whitney U and chi-square tests as appropriate. Qualitative data were also collected. Of 57 instrumental vaginal births, 14 were performed by ABP midwives (25%) and 43 by medical practitioners (75%). Baseline demographic characteristics between the two groups were similar. There were no significant differences in maternal outcomes or in neonatal outcomes. Qualitative data were also very positive. These results provide reassurance to both service users and providers. ABP midwives are able to offer a valuable and safe extended role through instrumental births.
Publication type: journal article
Source: CINAHL
Full text: Available EBSCOhost at No link? Ask Salisbury Healthcare Library - please click here to request article.

Citation: Journal of Women's Health, Oct 2014, vol. 23, no. 10, p. 842-848, 1540-9996 (October 2014)

Author(s): Kim, Deborah R., Hantsso, Liisa, Thase, Michael E., Sammel, Mary, Epperson, C. Neill

Abstract: Background: Pregnant women with major depressive disorder (MDD) report that psychotherapy is a more acceptable treatment than pharmacotherapy. However, although results of several studies suggest that psychotherapy is an effective treatment for pregnant women, logistical barriers - including cost and traveling for weekly visits - can limit real-world utility. We hypothesized that computer-assisted cognitive behavior therapy (CCBT) would be both acceptable and would significantly decrease depressive symptoms in pregnant women with MDD. Methods: As a preliminary test of this hypothesis, we treated 10 pregnant women with MDD using a standardized CCBT protocol. Results: The pilot results were very promising, with 80% of participants showing treatment response and 60% showing remission after only eight sessions of CCBT. Conclusion: A larger, randomized controlled trial of CCBT in pregnant women with MDD is warranted. [PUBLICATION] 48 references

Source: BNI

5. Do women who have encountered vaginal childbirth experience long term incontinence or perineal pain?

Citation: British Journal of Midwifery, 01 October 2014, vol./is. 22/10(706-715), 09694900

Language: English

Abstract: It has been established that around 85% of women who have had a vaginal birth experience perineal trauma, of which approximately 70% of these will require suturing. In the 2011 UK census, 503,972 vaginal births were recorded and 370,984 women experienced perineal trauma. Women anecdotally reporting their concerns in future pregnancies, led to this research being conducted. A qualitative method was used to determine how women felt physically and emotionally following vaginal childbirth. In total, nine women were selected using convenience and purposive sampling and were interviewed between 3–6 months postnatally. Interviews were taped and transcribed verbatim. An eight-point multifaceted approach has been designed to improve postnatal health in areas where a deficit had been uncovered. This research demonstrated areas of concern in postnatal health, in particular, incontinence and perineal pain. It has also highlighted areas of care provision that need improvement.

Publication type: journal article

Source: CINAHL


Citation: British Journal of Midwifery, 01 November 2014, vol./is. 22/11(771-775), 09694900

Author(s): Richens, Yana, Gerrard, Jacque

Language: English

Abstract: Ebola virus disease, previously known as Ebola haemorrhagic fever, is an often fatal disease caused by a virus of the Filoviridae family. The initial signs and symptoms of the disease are non-specific, which may progress to a severe haemorrhagic illness. Currently there are no guidelines on the management of pregnant women who have contracted Ebola virus. This article offers some insight into the complexity of the disease and management of pregnant women who have contracted the virus.

Publication type: journal article

Source: CINAHL

7. Experiences of the quality of care of women with near-miss maternal morbidities in the UK

Citation: BJOG, Sep 2014, vol. 121, no. s4, p. 20-23, 1470-0328 (September 2014)
Author(s): Hinton, L, Locock, L, Knight, M

Abstract: We undertook a qualitative interview study of women's and their partners' experiences of severe pregnancy complications. Across the care pathway, women identified a number of examples of good practice that made an important difference to their recovery. There were some areas where women felt the quality of care could be improved, for example during points of transition between higher level and routine care or from hospital to the community. Longer-term support and counselling were felt to be particularly valuable, and yet not always universally available. These results emphasise the importance of integrated quality care across the whole patient pathway. [PUBLICATION] 10 references

Source: BNI

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


Author(s): Hawkins, Marquis, Chasan-Taber, Lisa, Marcus, Bess, Stanek, Edward, Braun, Barry, Ciccolo, Joe, Markenson, Glenn

Abstract: We examined the impact of a prenatal exercise intervention on physical activity in 260 women at risk for gestational diabetes mellitus. We randomized participants in the Behaviors Affecting Baby and You (BABY) Study, which took place from 2007 to 2012, to either a 12-week individually tailored, motivationally matched exercise intervention (n = 132) or to a comparison health and wellness intervention (n = 128). We assessed physical activity with the Pregnancy Physical Activity Questionnaire. We used linear mixed models to evaluate the impact of the interventions on change in physical activity according to intensity and type, total walking, and sedentary behavior. Compared with the health and wellness arm, the exercise arm had significantly greater increases in sports or exercise activity (0.3 vs 5.3 metabolic equivalent of task [MET] hours/week; P

Source: BNI

Full text: Available EBSCOhost at American Journal of Public Health

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

Full text: Available EBSCOhost at American Journal of Public Health

Full text: Available EBSCOhost at American Journal of Public Health

9. Is the evidence on waterbirth watertight?

Citation: British Journal of Midwifery, 01 November 2014, vol./is. 22/11(776-780), 09694900

Author(s): Phillips, Kerry

Language: English

Abstract: Waterbirth has been promoted as an effective means to control pain and improve comfort in labour (Royal College of Midwives/Royal College of Obstetricians and Gynaecologists (RCM/RCOG), 2006). Proponents for waterbirth show boundless enthusiasm for the practice, citing the benefits in terms of good clinical outcomes and increased levels of women’s satisfaction. Its opponents, however, demonstrate the same level of fervour, portraying waterbirth as a folly with grave potential for both mother and baby. Interestingly, the quality of literature that supports the incongruent sides of the waterbirth debate varies greatly. This article reviews the existing body of literature on waterbirth.

Publication type: journal article

Source: CINAHL

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

Full text: Available EBSCOhost at British Journal of Midwifery

10. Maternal near-miss case reviews: the UK approach

Citation: BJOG, Sep 2014, vol. 121, no. s4, p. 112-116, 1470-0328 (September 2014)

Author(s): Knight, M, Lewis, G, Acosta, CD, Kurinczuk, JJ

Abstract: The UK has a well-established programme of Confidential Enquiries into Maternal Deaths and a national system for research into near-miss maternal morbidities, the UK Obstetric Surveillance System. The addition of a programme of near-miss case reviews, the Confidential Enquiries into Maternal Morbidity, permits a complete examination of the incidence, risk factors, care and outcomes of the severest complications in pregnancy, and enables the lessons learnt to improve future care to be identified more quickly. This in turn allows for more rapid
inclusion of recommendations into national guidance and hence the potential of better health for both women and babies. [PUBLICATION] 15 references

Source: BNI

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

11. Maternal obesity and excess of fetal growth in pre-eclampsia

Citation: BJOG, Oct 2014, vol. 121, no. 11, p. 1351-1358, 1470-0328 (October 2014)

Author(s): Rasmussen, S, Irgens, LM, Espinoza, J

Abstract: Objective To assess whether the reported excess of large for gestational age (LGA) neonates in pre-eclamptic women delivering at term is attributable to maternal obesity. Design, setting and population Population-based observational study including 77 294 singleton pregnancies registered in the Medical Birth Registry of Norway between 2007 and 2010. Methods Comparison of birthweight percentiles and z-scores between women with and without pre-eclampsia. Main outcome measures Odds ratio (OR) of LGA and z-scores of birthweight in relation to pre-eclampsia. Results Pre-eclamptic women delivering at term had increased risk of having LGA neonates. Unadjusted ORs with 95% confidence interval (95% CI) of LGA above the 90th and 95th birthweight centiles were 1.4, 95% CI 1.2-1.6 and 1.6, 95% CI 1.3-1.9, respectively. The excess of LGA persisted after including gestational diabetes and diabetes types 1 and 2 in a multivariate analysis (corresponding ORs 1.3, 95% CI 1.1-1.5 and 1.4, 95% CI 1.2-1.7), but disappeared after adjusting for maternal prepregnant body mass index (ORs 1.1, 95% CI 0.9-1.2 and 1.1, 95% CI 0.9-1.3). Conclusions This study suggests accelerated fetal growth in a subset of pre-eclamptic women delivering at term. The excess of LGA neonates is attributable to maternal obesity among pre-eclamptic women delivering at term. The maternal obesity epidemic may lead to an increased prevalence of both pre-eclampsia and LGA neonates among women delivering at term. [Publication] 41 references

Source: BNI

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

12. Metabolic effects of lifestyle intervention in obese pregnant women. Results from the randomized controlled trial 'Lifestyle in Pregnancy' (LiP)

Citation: Diabetic Medicine, Nov 2014, vol. 31, no. 11, p. 1323-1330, 0742-3071 (November 2014)

Author(s): Vinter, C. A., Jørgensen, J. S., Ovesen, P., Beck-Nielsen, H., Skytthe, A., Jensen, D. M.

Abstract: Aims: The Lifestyle in Pregnancy intervention in obese pregnant women resulted in significantly lower gestational weight gain compared with the control group, but without improvement in rates of clinical pregnancy complications. The impact of the lifestyle intervention on metabolic measurements in the study participants is now reported. Methods: The Lifestyle in Pregnancy study was a randomized controlled trial among 360 obese women (BMI 30.45 kg/m2) who were allocated in early pregnancy to lifestyle interventions with diet counselling and physical activities or to the control group. Fasting blood samples, including plasma glucose, insulin, lipid profile and capillary blood glucose during a 2-h oral glucose tolerance test were carried out three times throughout pregnancy. Insulin resistance was estimated with the homeostasis model assessment of insulin resistance. Results: Three hundred and four women (84%) were followed until delivery. Women in the intervention group had a significantly lower change in insulin resistance (HOMA-IR) from randomization to 28-30 weeks' gestation compared with control subjects (mean ± sd: 0.7 ± 1.3 vs. 1.0 ± 1.3, P = 0.02). Despite a significantly lower gestational weight gain in the intervention group, there was no difference between the groups with respect to total cholesterol, HDL, LDL or triglycerides. Conclusions: Lifestyle intervention in obese pregnant women resulted in attenuation of the physiologic pregnancy-induced insulin resistance. Despite restricted gestational weight gain, there were no changes in glucose or lipid metabolism between the groups. [PUBLICATION]

Source: BNI

Full text: Available Diabetic medicine: a journal of the British Diabetic Association at No link? Ask Salisbury Healthcare Library - please click here to request article.

13. Mobile translators for non-Englishspeaking women accessing maternity services.

Citation: British Journal of Midwifery, 01 November 2014, vol./is. 22/11(795-803), 09694900

Author(s): Haith-Cooper, Melanie
Abstract: It is becoming increasingly common for midwives to care for women who do not speak English, and UK interpreting services are often inadequate and underused. Persistent language barriers have been found to contribute to maternal and perinatal mortality thus it is essential that these barriers are overcome to provide safe maternity care. This article reports on a two-stage study undertaken to address this. The study aimed to: Identify difficulties midwives experience when communicating with non-English-speaking women. Through undertaking a group interview with 11 senior students, four themes emerged: accessing interpreters, working with interpreters, cultural barriers and strategies to address persistent language barriers. Explore the feasibility of using mobile devices with a translation application to communicate in clinical practice. Google Translate was tested in a simulated clinical environment with multi-lingual service users. Google Translate was not adequately developed to be safely used in maternity services. However, a maternity-specific mobile application could be built to help midwives and women communicate in the presence of a persistent language barrier.

Publication type: journal article
Source: CINAHL
Full text: Available EBSCOhost at No link? Ask Salisbury Healthcare Library - please click here to request article.
Abstract: Background Pregnant and postpartum women with severe hypertension are at increased risk of stroke and require blood pressure (BP) reduction. Parenteral antihypertensives have been most commonly studied, but oral agents would be ideal for use in busy and resource-constrained settings. Objectives To review systematically, the effectiveness of oral antihypertensive agents for treatment of severe pregnancy/postpartum hypertension. Search strategy A systematic search of MEDLINE, EMBASE and the Cochrane Library was performed. Selection criteria Randomised controlled trials in pregnancy and postpartum with at least one arm consisting of a single oral antihypertensive agent to treat systolic BP ≥ 160 mmHg and/or diastolic BP ≥ 110 mmHg. Data collection and analysis Cochrane REVMAN 5.1 was used to calculate relative risk (RR) and weighted mean difference by random effects. Main results We identified 15 randomised controlled trials (915 women) in pregnancy and one postpartum trial. Most trials in pregnancy compared oral/sublingual nifedipine capsules (8-10 mg) with another agent, usually parenteral hydralazine or labetalol. Nifedipine achieved treatment success in most women, similar to hydralazine (84% with nifedipine; relative risk [RR] 1.07, 95% confidence interval [95% CI] 0.98-1.17) or labetalol (100% with nifedipine; RR 1.02, 95% CI 0.95-1.09). Less than 2% of women treated with nifedipine experienced hypotension. There were no differences in adverse maternal or fetal outcomes. Target BP was achieved ~ 50% of the time with oral labetalol (100 mg) or methyldopa (250 mg) (47% labetolol versus 56% methyldopa; RR 0.85 95% CI 0.54-1.33). Conclusions Oral nifedipine, and possibly labetalol and methyldopa, are suitable options for treatment of severe hypertension in pregnancy/postpartum. [Publication] 48 references

Source: BNI

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

17. Predictors of family and marital functioning at early postpartum
Citation: Journal of Advanced Nursing, Nov 2014, vol. 70, no. 11, p. 2588-2597, 0309-2402 (November 2014)
Author(s): Ngai, Fei Wan, Ngu, Siew Fei
Abstract: Aim. To examine the predictive role of family sense of coherence, social support and stress during pregnancy and their changes from pregnancy to postpartum on family and marital functioning at 6 weeks postpartum. Background. Family sense of coherence plays a significant role in promoting positive family and marital functioning, which is crucial to the child’s well-being. However, studies that evaluate the predictive role of family sense of coherence on family and marital functioning during parental transition are limited. Design. The study used a longitudinal design. Methods. Chinese childbearing couples (n = 202) completed assessments of family sense of coherence, stress, social support, and family and marital functioning during pregnancy and at 6 weeks postpartum between January 2011-May 2012. Results/Findings. Mothers with a stronger family sense of coherence, greater social support and less stress during pregnancy experienced less decline in family and marital functioning at 6 weeks postpartum, while fathers with a higher prenatal family sense of coherence and family and marital functioning also experienced less such decline. Conclusion. Couple-based interventions should be initiated early during pregnancy by strengthening family sense of coherence and social support to promote positive family functioning. [PUBLICATION] 38 references
Source: BNI
Full text: Available EBSCOhost EJS at No link? Ask Salisbury Healthcare Library - please click here to request article.

Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

18. Recurrent and persistent thrush in pregnancy.
Citation: British Journal of Midwifery, 01 November 2014, vol./is. 22/11(782-786), 09694900
Author(s): Duncan, Deborah
Language: English
Abstract: This article looks at the diagnosis and management of recurrent vulvovaginal candidiasis (RVVC) in non-pregnant and pregnant women. This is a distressing condition that can cause a variety of different symptoms, including preterm labour. Although it is a commonly occurring infection in up to 40% of pregnant women, it should not be treated lightly. There is a range of anti-fungal medications although some cannot be used in pregnancy. This article is a helpful reminder of what can be prescribed.
Publication type: journal article
Source: CINAHL
Full text: Available EBSCOhost at No link? Ask Salisbury Healthcare Library - please click here to request article.
19. Risk factors for miscarriage from a prevention perspective: a nationwide follow-up study

**Citation:** BJOG, Oct 2014, vol. 121, no. 11, p. 1375-1385, 1470-0328 (October 2014)

**Author(s):** Feodor Nilsson, S. Andersen, PK, Strandberg-Larsen, K, Nybo Andersen, A-M

**Abstract:** Objective To identify modifiable risk factors for miscarriage and to estimate the preventable proportion of miscarriages that could be attributed to these. Design Nationwide observational follow-up study. Setting Denmark. Population Ninety-one thousand four hundred and twenty seven pregnancies included in the Danish National Birth Cohort between 1996 and 2002. Methods Information on potentially modifiable risk factors before and during pregnancy was collected by means of computer-assisted telephone interviews and linkage with Danish registers, ensuring almost complete follow-up of pregnancy outcome. Modifiable risk factors for miscarriage were identified by multiple Cox regression analysis, which provided the background for our estimations of population attributable fractions. In all, 88 373 pregnancies had full information on all covariates and were included in this analysis. Main outcome measures Miscarriage before 22 completed weeks of gestation. Results The potentially modifiable pre-pregnant risk factors associated with increased miscarriage risk were: age of 30 years or more at conception, underweight, and obesity. During pregnancy the modifiable risk factors were: alcohol consumption, lifting of >20 kg daily, and night work. We estimated that 25.2% of the miscarriages might be prevented by reduction of all these risk factors to low risk levels. Modification of risk factors acting before and during pregnancy could lead to prevention of 14.7 and 12.5%, respectively, of the miscarriages. Maternal age at conception and alcohol consumption were the most important risk factors. Conclusions Miscarriage risk is increased by multiple potentially modifiable risk factors and a considerable proportion of miscarriages may be preventable [Publication] 37 references

**Source:** BNI

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

20. The Association Between Physical Activity and Maternal and Neonatal Outcomes: A Prospective Cohort

**Citation:** Maternal and Child Health Journal, Oct 2014, vol. 18, no. 8, p. 1823-1830, 1092-7875 (October 2014)

**Author(s):** Currie, Lisa M., Woolcott, Christy G., Fell, Deshyane B., Armson, B. Anthony, Dodds, Linda

**Abstract:** Some evidence, but not enough to be conclusive, suggests that physical activity in pregnancy reduces the risk of perinatal complications. Our objective was to examine if physical activity in the year before pregnancy and in the first half of pregnancy is associated with maternal and neonatal outcomes. Associations between physical activity and maternal and neonatal outcomes were examined in a prospective cohort (n = 1,749) in Halifax, Canada. The Kaiser Physical Activity Survey, completed at approximately 20 weeks gestation, requested information regarding physical activity during the year before the pregnancy and the first 20 weeks of pregnancy. Outcomes were assessed by medical chart review. Multiple logistic regression was used to estimate odds ratios (OR) with 95% confidence intervals (CI). Women with prepregnancy physical activity levels in the middle and highest tertiles were more likely to have high gestational weight gain relative to women in the lowest tertile [OR (CI): 1.40 (1.06-1.85) and 1.57 (1.18-2.09), respectively]. Higher physical activity in the first half of pregnancy decreased the odds of delivering a macrosomic infant (p trend = 0.005). Associations were not observed between total physical activity and gestational diabetes, gestational hypertension, pre-eclampsia, preterm birth, and low birth weight. Physical activity before, but not in the first half of pregnancy, is associated with high gestational weight gain. Physical activity in the first half of pregnancy may reduce the occurrence of macrosomia without affecting preterm birth or low birth weight. [PUBLICATION] 47 references

**Source:** BNI

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

21. The Effectiveness of Weight Management Interventions in Breastfeeding Women - A Systematic Review and Critical Evaluation

**Citation:** Birth, Sep 2014, vol. 41, no. 3, p. 223-236, 0730-7659 (September 2014)
Author(s): Neville, Charlotte E., McKinley, Michelle C., Holmes, Valerie A., Spence, Dale, Woodside, Jayne V.

Abstract: The postpartum period is a vulnerable time for excess weight retention, particularly for the increasing number of women who are overweight at the start of their pregnancy and subsequently find it difficult to lose additional weight gained during pregnancy. Although postpartum weight management interventions play an important role in breaking this potentially vicious cycle of weight gain, the effectiveness of such interventions in breastfeeding women remains unclear. Our aim was to systematically review the literature about the effectiveness of weight management interventions in breastfeeding women. Seven electronic databases were searched for eligible papers. Intervention studies included were carried out exclusively in breastfeeding mothers, 2 years postpartum and with a body mass index greater than 18.5 kg/m², with an outcome measure of change in weight and/or body composition. Six studies met the selection criteria, and were stratified according to the type of intervention and outcome measures. Despite considerable heterogeneity among studies, the dietary-based intervention studies appeared to be the most efficacious in promoting weight loss; however, few studies were tailored toward the needs of breastfeeding women. Weight management interventions which include an energy-restricted diet may play a key role in successful postpartum weight loss for breastfeeding mothers. (ProQuest: ... denotes formulae/symbols omitted.) [PUBLICATION] 34 references

Source: BNI

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

22. The evolution of the maternity support worker.

Citation: British Journal of Midwifery, 01 November 2014, vol./is. 22/11(814-818), 09694900

Author(s): Hutchinson, Janet

Language: English

Abstract: The maternity support worker (MSW) has become an important, yet sometimes controversial, member of the maternity workforce. With health budgets being reduced in real terms and maternity services striving to deliver high quality women-centered care; managers are having to become even more astute when planning services. This article reviews how one London Trust has developed the role and responsibilities of the MSW through education and training to meet local demand. The author reflects on her experiences on becoming an advanced maternity support worker (AMSW) and the possible implications for the midwifery profession.

Publication type: journal article

Source: CINAHL

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

Full text: Available EBSCOhost at British Journal of Midwifery

23. The healthy eating and lifestyle in pregnancy (HELP) feasibility study.

Citation: British Journal of Midwifery, 01 October 2014, vol./is. 22/10(727-736), 09694900

Author(s): Jewell, Karen, Avery, Amanda, Barber, Jenny, Simpson, Sharon

Language: English

Abstract: Obesity and excess gestational weight gain (GWG) are linked to increased complications during pregnancy, birth and postpartum. This study aimed to explore the feasibility of group-based weight management for obese pregnant women. At booking, pregnant women with a body mass index (BMI) >30 kg/m² were invited to weekly weight management groups, facilitated by a midwife and Slimming World consultant, providing diet and lifestyle, goal setting and general pregnancy advice. Attendance was until 6 weeks postpartum. 148 women with a mean age of 32 years (5.3 SD) and BMI of 37.4 kg/m² (5.5 SD) attended. 85% (n=126) went to >3 and 65% (n=96) >6 sessions. The mean birth weight for 132 newborns was 3.53 kg (0.49 SD) and for the 39 women losing weight, 3.59 kg (0.35 SD). Of the 132 births, 48% were spontaneous vaginal delivery; 89% (115) initiated breastfeeding; 70% were still breastfeeding 28 days post-delivery. The healthy eating and lifestyle in pregnancy (HELP) group proved to be an acceptable intervention providing women with the ability to control weight gain during pregnancy, as well as maintaining a healthy lifestyle postpartum. Although the study was underpowered and exploratory, restricting GWG did not have a negative impact on the birth weights or other birth outcomes. Indeed, more babies were born in the healthy weight range to those women who lost weight during pregnancy.

Publication type: journal article

Source: CINAHL

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24. Welcome to my café: Facilitating a domestic abuse workshop for midwives.

Citation: British Journal of Midwifery, 01 November 2014, vol./is. 22/11(806-812), 09694900

Author(s): Halsall, Sarah, Marks-Marlan, Diane

Language: English

Abstract: This paper presents how the World Café was used as a reflective learning tool to facilitate a workshop on domestic abuse for midwives. The workshop was part of a safeguarding study day for midwives and student midwives. The World Café enabled the midwives’ to draw on their experience and raised awareness of issues surrounding routine enquiry about domestic abuse. The seven design principles of the World Café were employed: setting the contexts, creating a hospitable space, exploring questions that matter, encouraging everyone’s contribution, connecting diverse perspectives, listening together, sharing collective discoveries. The article outlines the preparation, presentation and evaluation of the World Café experience.

Publication type: journal article

Source: CINAHL

Full text: Available EBSCOhost at British Journal of Midwifery

25. What Women Want: Lead Considerations for Current and Future Applications of Noninvasive Prenatal Testing in Prenatal Care

Citation: Birth, Sep 2014, vol. 41, no. 3, p. 276-282, 0730-7659 (September 2014)

Author(s): Farrell, Ruth M., Agatisa, Patricia K., Nutter, Benjamin

Abstract: Noninvasive prenatal testing (NIPT) will change the delivery of prenatal care for all women, including those considered low risk for fetal chromosomal abnormalities. This study investigated pregnant women’s attitudes, informational needs, and decision-making preferences with respect to current and future applications of NIPT. A survey instrument was used to identify aspects of the decision-making process for NIPT among low-risk and high-risk populations. Both low-risk and high-risk women (n = 334) expressed interest in incorporating NIPT as a screening test into their prenatal care. Information specific to NIPT’s detection rate (86%), indications (77%), and performance in comparison with conventional screens and diagnostic tests (63%) were identified as lead factors when considering its use. The future availability of NIPT as a diagnostic test increased women's willingness to undergo testing for fetal aneuploidy, cancer susceptibility, and childhood-onset and adult-onset diseases. Despite its noninvasive aspects, participants expressed the need for a formal informed consent process (71%) to take place before testing. This study demonstrates that NIPT will introduce new challenges for pregnant women and their health care practitioners who will be charged with supporting informed decision making about its use. It is critical that obstetric professionals are prepared to facilitate a patient-centered decision-making process as its clinical application rapidly changes. [PUBLICATION] 38 references

Source: BNI

Full text: Available Birth at Birth

26. Women’s experiences of body image and baby feeding choices: Dealing with the pressure to be slender.

Citation: British Journal of Midwifery, 01 November 2014, vol./is. 22/11(788-794), 09694900

Author(s): Fern, Victoria Anne, Buckley, Emily, Grogan, Sarah

Language: English

Abstract: This qualitative study was designed to assess postpartum women’s body image in relation to feeding choices. Forty women aged 20–42 years, up to 3 years postpartum were interviewed through email. Participants were allocated to three groups; currently breastfeeding, former breastfeeding, or bottle-feeding. Data were analysed using thematic analysis, which revealed three key themes: attitude transition, celebrity comparisons, and emotional reactions to celebrity mothers. Analysis suggested that women with experience of breastfeeding viewed their body more functionally, which created feelings of appreciation and acceptance towards their bodies. The findings suggest that although breastfeeding does not necessarily protect women from body concerns and pressure for thinness, it allows women to see their body as an ‘instrument’ rather than an aesthetic ‘object’. Further research is required to confirm or challenge the current findings.
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