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**Guidelines**

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

- **Safe midwifery staffing for maternity settings**  
  NICE guidelines [NG4] Published date: February 2015

- **Insertion of a balloon device to disimpact an engaged fetal head before an emergency caesarean section**  
  NICE interventional procedure guidance [IPG515] Published date: March 2015

**New and Updated Cochrane Systematic Reviews**

**New Reviews – April 2015**

- [Debriefing interventions for the prevention of psychological trauma in women following childbirth](#)

- [Maternal and foetal outcomes following natural vaginal versus caesarean section (c-section) delivery in women with bleeding disorders and carriers](#)

**Updated Reviews – April 2015**

- [External cephalic version for breech presentation at term](#)

**Withdrawn Reviews – April 2015**

- [Lidocaine-prilocaine cream for analgesia during circumcision in newborn boys](#)

**New Reviews – March 2015**

- [Oral analgesia for relieving post-caesarean pain](#)

**Updated Reviews – March 2015**

- [Bed rest in singleton pregnancies for preventing preterm birth](#)
Combined hormonal versus nonhormonal versus progestin-only contraception in lactation

Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes

New from Up To Date

UpToDate is accessible via the blue link above, or via the staff intranet home page (midway down on the right hand side). It can also be accessed via the internet at www.uptodate.com/login with an OpenAthens username and password. To register for an OpenAthens account click here.

What’s New:

Chronic hypertension may increase risk of congenital anomalies (March 2015)

Exercise reduces risk of gestational diabetes (March 2015)

Induction after previous cesarean delivery (March 2015)

Pregnancy outcomes after bariatric surgery (March 2015)

Maternity related topics are also available c/o the Obstetrics, Gynecology and Women’s Health section.

Journal Articles

Please click on the blue link at the end of the abstract (where available) to access the full text. You may need an OpenAthens username and password. To register for an OpenAthens 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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Journal Articles:

1. A Potential Role for Allostatic Load in Preeclampsia
   Citation: Maternal and Child Health Journal, Mar 2015, vol. 19, no. 3, p. 591-597, 1092-7875 (March 2015)
   Author(s): Hux, Vanessa J., Roberts, James M.
   Abstract: Preeclampsia is a multisystemic disorder of pregnancy associated with maternal and fetal complications as well as later-life cardiovascular disease. Its exact cause is not known. We developed a pregnancy-specific multisystem index score of physiologic risk and chronic stress, allostatic load (AL), early in pregnancy. Our objective was to determine whether AL measured early in pregnancy was associated with increased odds of developing preeclampsia. Data were from a single-center, prospectively collected database in a 1:2 individual-matched case control of women enrolled at 1-2 suggests better fit. Early pregnancy AL was higher in women with preeclampsia (1.25 ± 0.68 vs. 0.83 ± 0.62, [ip][//i] = 0.002); women with higher AL had increasing odds of developing preeclampsia (OR 2.91, 95 % CI 1.50-5.65). The difference between AIC for AL and obesity was >2 (AIC 74.4 vs. 84.4), indicating AL had a stronger association with preeclampsia. Higher allostatic load in early pregnancy is associated with increasing odds of preeclampsia. This work supports a possible role of multiple maternal systems and chronic stress early in pregnancy in the development of preeclampsia. [PUBLICATION] 33 references
   Source: BNI

2. A Systematic Review of Psychosocial Interventions for Women with Postpartum Stress
   Author(s): Song, Ju-Eun, Kim, Tiffany, Ahn, Jeong-Ah
   Abstract: Objective: To analyze the effects of psychosocial interventions with the aim of reducing the intensity of stress in mothers during the postpartum period as compared with usual care. Data Sources: Eligible studies were identified by searching MEDLINE, EMBASE, CINAHL, and ProQuest dissertations and theses. Study Selection: Randomized controlled trials (RCTs) treating stress in postpartum mothers older than age 19 years were included. The suitability of the quality of articles was evaluated using Joanna Briggs Institute's Critical Appraisal Checklist for Experimental Studies. Fourteen articles met the inclusion criteria for data analysis. Data Extraction: Authors, country, sample, setting, methods, time period, major content of the intervention, outcome measures, and salient findings were extracted and summarized in a data extraction form for further analysis and synthesis. Data Synthesis: Standardized mean differences with 95% confidence intervals were calculated for 13 suitable articles using Cochrane Review Manager. Results: Of 1,871 publications, 14 RCTs, conducted between 1994 and 2012, were evaluated in the systematic review and 13 studies were included in the meta-analysis. Studies were categorized into three major types by interventional methods. We found that psychosocial interventions in general (standard mean difference ?1.66, 95% confidence interval [?2.74, ?0.57], p = .003), and supportive stress management programs in particular (standard mean difference ?0.59, 95% confidence interval [?0.94, ?0.23], p = .001), were effective for women dealing with postpartum stress. Conclusions: This review indicated that psychosocial interventions including supportive stress management programs are effective for reducing postpartum stress in women, so those interventions should become an essential part of maternity care. [Publication] 43 references
   Source: BNI

3. An investigation of the relationship between the caseload model of midwifery for socially disadvantaged women and childbirth outcomes using routine data – A retrospective, observational study.
   Citation: Midwifery, 01 April 2015, vol./is. 31/4(409-417), 02666138
   Author(s): Rayment-Jones, Hannah, Murrells, Trevor, Sandall, Jane
   Language: English
   Abstract: Objective: the objective of this study was to describe and compare childbirth outcomes and processes for women with complex social factors who received caseload midwifery care, and standard maternity care in the UK.
Background: women with complex social factors experience high rates of morbidity, mortality and poor birth outcomes. A caseload team was established to support these women throughout pregnancy and childbirth by providing continuity and individualised care. Methods: data was collected from computerised birth details of 194 women with complex social factors who presented for maternity care between May 2012 and June 2013; 96 received standard care and 98 caseload care. SPSS v21 was used to calculate descriptive and inferential statistics. Logistic regression modelling found no differences in demographics, therefore unadjusted statistics are presented. Comparative analysis between women receiving caseload care and those receiving standard care was accomplished using \( \chi^2 \) test, relative risk (RR) and 95% confidence intervals (CI). Results: the relationship between type of care and outcome was not changed by the inclusion of confounding factors. Women receiving caseload care were more likely to experience; spontaneous vaginal childbirth (80% versus 55% RR 1.88, 95% CI 1.27–2.77, \( p < 0.001 \)), use of water for pain relief (32% versus 10%, RR 4.10 95% CI 1.95–8.64, \( p = <0.001 \)), birth in the midwife led centre (26% versus 13% RR 1.48 95% CI 1.12–1.95, \( p = 0.023 \)), assessment by 10 weeks gestation (24% versus 8% RR 1.61 95% CI 1.24–2.10, \( p = 0.008 \)), shorter postnatal stay (1 day versus 3 days SD 1.2 versus 2.2, \( p = <0.001 \)), and know their midwife (90% versus 8% RR 8.98 95% CI 4.97–16.2, \( p = <0.001 \)). More women in the caseload group were referred to multidisciplinary support services; psychiatry (56% versus 19% RR 2.06 95% CI 1.59–2.65, \( p = <0.001 \)), domestic violence advocacy (42% versus 18% RR 1.68 95% CI 1.31–2.15, \( p = <0.001 \)) and other services (56% versus 31% RR 1.58 95% CI 1.15–2.16, \( p = 0.03 \)). They were less likely to have a caesarean section (11% versus 33% RR 0.26 95% CI 0.12–0.55, \( p = <0.001 \)), an epidural/spinal for pain relief (35% versus 56%, RR 0.64 95% CI 0.46–0.86, \( p = 0.004 \)), give birth on the labour ward (70% versus 88% RR 0.63 95% CI 0.49–0.83, \( p = 0.006 \)), and had fewer antenatal admissions (0.9(SD 1.1) versus 1.3(SD1.5), \( p = 0.036 \)) and neonatal unit admissions (4% versus 18%, RR 0.35 95% CI 0.15–0.85, \( p = 0.005 \)). Conclusion: caseload midwifery care appeared to confer increased benefit and reduced harmful outcomes. Findings for individual outcomes differed from previous literature depending on outcome, suggesting caseload care may affect women in different ways depending on their individual needs.

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available Elsevier at [Midwifery](https://doi.org/10.1016/j.midw.2015.02.001)

### 4. Antenatal alcohol exposure: An East Anglian study of midwives' knowledge and practice

**Citation:** British Journal of Midwifery, Mar 2015, vol. 23, no. 3, p. 180-186, 0969-4900 (March 2015)

**Author(s):** Winstone, Anne Marie, Verity, Christopher

**Abstract:** Objective: To study midwives' knowledge, practice and opinions regarding advice about fetal alcohol syndrome (FAS), fetal alcohol spectrum disorders (FASDs) and alcohol intake in pregnancy. Design: A postal questionnaire was sent to 1862 midwives employed in 13 NHS Trusts in East Anglia, incorporating city and rural areas. Results: The authors received responses from 33.5% of the midwives contacted (n=624), of which 98% stated that alcohol abstinence in pregnancy would be their preferred advice, and 38% had seen an infant with FAS. Less than 2% indicated that they were 'very prepared' to deal with the subject. Only 10% identified all four classic features of FAS.

**Conclusions:** More than a third of midwives had seen an infant with FAS. The advice given to pregnant mothers by midwives appeared to confer increased benefit and reduced harmful outcomes. Findings for individual outcomes differed from previous literature depending on outcome, suggesting caseload care may affect women in different ways depending on their individual needs.

**Source:** BNI

**Full text:** Available EBSCOhost at [British Journal of Midwifery](https://doi.org/10.1097/BFM.0000000000000308)

### 5. Association Between Pre-Pregnancy Depression/Anxiety Symptoms and Hypertensive Disorders of Pregnancy

**Citation:** Journal of Women's Health, Mar 2015, vol. 24, no. 3, p. 228-236, 1540-9996 (March 2015)

**Author(s):** Thombre, Madhavi K., Talge, Nicole M., Holzman, Claudia

**Abstract:** Background: Depression and anxiety symptoms have been linked with hypertensive disorders during pregnancy, but these associations have not been fully elucidated. Our objective was to consider hypertension in pregnancy and its subtypes (chronic hypertension, gestational hypertension, preeclampsia) and evaluate whether the proximity of psychological symptoms to pregnancy informs any associations observed. Methods: Pregnancy Outcomes and Community Health Study participants who provided interview data at enrollment (16-27 weeks' gestation) and whose hypertensive disorder status was abstracted from medical records were eligible for inclusion (n=1371). Maternal history of depression/anxiety symptoms at four time points in the life course were ascertained via self-report at enrollment (i.e., lifetime history, 1 year prior to pregnancy, since last menstrual period, and past week). Weighted
logistic regression models were used to examine depression/anxiety symptom measures in relation to hypertensive disorders (overall and subtype. Results: Following adjustment for maternal sociodemographic factors, smoking, and prepregnancy body mass index, prepregnancy depression or anxiety symptoms (i.e., lifetime history and 1 year prior to pregnancy) were associated with hypertensive disorders during pregnancy. Subtype analyses revealed that these associations were driven primarily by chronic hypertension (adjusted odds ratios=2.7-3.5). Preeclampsia accompanied by preterm delivery was also linked to women’s lifetime history of depression symptoms (odds ratio=2.3, 95% confidence interval 1.0-5.2). Conclusion: Our results suggest that the link between maternal chronic hypertension and depression/anxiety symptoms precedes pregnancy. In addition, prepregnancy history of depression/anxiety symptoms may be considered part of a risk profile for preterm preeclampsia. [PUBLICATION] 43 references

Source: BNI


Citation: BJOG, Mar 2015, vol. 122, no. 4, p. 468-476, 1470-0328 (March 2015)

Author(s): McMaster, K, Sanchez-Ramos, L, Kaunitz, AM

Abstract: Background The optimal dose of misoprostol for the induction of labour remains uncertain. Objectives To compare the efficacy and safety of 25 versus 50 micrograms of intravaginal misoprostol tablets for the induction of labour and cervical ripening. Search strategy We performed electronic and manual searches to identify relevant randomised trials. Selection criteria The efficacy outcomes assessed were rates of vaginal delivery within 24 hours, delivery within one dose, and oxytocin augmentation, and interval to delivery. The safety outcomes assessed were incidences of tachysystole, hyperstimulation, caesarean delivery, cesarean delivery for non-reassuring fetal heart rate (FHR), operative vaginal delivery, abnormal 5-minute Apgar score, abnormal cord gas values, admission to a neonatal intensive care unit (NICU), and meconium passage. Data collection and analysis Thirteen studies (1945 women) were included. Relative risk (RR) and 95% confidence intervals (CI) were calculated using fixed-effects and random-effects models. Main results We found that 25 micrograms was less efficacious, with lower rates of delivery after one dose (RR 0.59; 95% CI 0.39-0.88) and vaginal delivery within 24 hours (RR 0.88; 95% CI 0.79-0.96), and with increased rates of oxytocin augmentation (RR 1.54, 95% CI 1.36-1.75). We noted an improved safety profile with 25 micrograms, however, with decreased rates of tachysystole (RR 0.46; 95% CI 0.35-0.61), hyperstimulation (RR 0.5; 95% CI 0.31-0.78), caesarean deliveries for non-reassuring FHR (RR 0.67; 95% CI 0.52-0.87), NICU admissions (RR 0.63; 95% CI 0.4-0.98), and meconium passage (RR 0.65; 95% CI 0.45-0.96). Conclusions Although 50 micrograms of intravaginal misoprostol may be more efficacious, safety concerns make the 25-microgram dose preferable. [Publication] 27 references

Source: BNI

7. Biological determinants of spontaneous late preterm and early term birth: a retrospective cohort study

Citation: BJOG, Mar 2015, vol. 122, no. 4, p. 491-499, 1470-0328 (March 2015)

Author(s): Brown, HK, Speechley, KN, Macnab, J, Natale, R, Campbell, MK

Abstract: Objective Our aim was to examine the association between biological determinants of preterm birth (infection and inflammation, placental ischaemia and other hypoxia, diabetes mellitus, other) and spontaneous late preterm (34-36 weeks) and early term (37-38 weeks) birth. Design Retrospective cohort study. Setting City of London and Middlesex County, Canada. Sample Singleton live births, delivered at 34-41 weeks to London-Middlesex mothers following spontaneous labour. Methods Data were obtained from a city-wide perinatal database on births between 2002 and 2011 (n = 17 678). Multivariable analyses used multinominal logistic regression. Main outcome measure The outcome of interest was the occurrence of late preterm (34-36 weeks) and early term (37-38 weeks) birth, compared with full term birth (39-41 weeks). Results After controlling for covariates, there were associations between infection and inflammation and late preterm birth (aOR = 2.07, 95% CI 1.65, 2.60); between placental ischaemia and other hypoxia and late preterm (aOR = 2.21, 95% CI 1.88, 2.61) and early term (aOR = 1.25, 95% CI 1.13, 1.39) birth; between diabetes mellitus and late preterm (aOR = 3.89, 95% CI 2.90, 5.21) and early term (aOR = 2.66, 95% CI 2.19, 3.23) birth; and between other biological determinants (polyhydramnios, oligohydramnios) and late preterm (aOR = 2.81, 95% CI 1.70, 4.64) and early term (aOR = 1.89, 95% CI 1.32, 2.70) birth. Conclusions Our findings show that delivery following spontaneous labour even close to full term may be a result of pathological processes. Because these biological determinants of preterm birth contribute to an adverse intrauterine environment, they have important implications for fetal and neonatal health. [Publication] 53 references

Source: BNI
8. Constipation and haemorrhoids: A midwifery perspective for the childbearing continuum

Citation: British Journal of Midwifery, Mar 2015, vol. 23, no. 3, p. 171-177, 0969-4900 (March 2015)

Author(s): Lamb, Kathryn, Sanders, Ruth

Abstract: Minor disorders of pregnancy and the puerperium can be debilitating, and have an impact on a woman's physical and emotional wellbeing during her transition into motherhood. Constipation and haemorrhoids are among the most common of these disorders and can arise or worsen during pregnancy and the puerperium. Due to the embarrassing nature of these disorders, women may be reluctant to seek midwifery or medical assistance and may perceive constipation and haemorrhoids as something normal to be tolerated. However, if left untreated these disorders could progress and worsen, becoming pathological and potentially leading to chronic lifelong impairment. As frontline practitioners, midwives are key in ensuring gastrointestinal wellbeing through enabling disclosure, educating women, swiftly referring when required and ensuring appropriate management. This review of relevant literature explores both constipation and haemorrhoids from the viewpoint of the midwife, including the importance of midwifery knowledge, recognition and management of the disorders in both pregnancy and the puerperium.

[PUBLICATION] 55 references

Source: BNI

Full text: Available EBSCOhost at British Journal of Midwifery

9. Development and outcomes of a therapeutic group for women with postnatal depression

Citation: Community Practitioner, Mar 2015, vol. 88, no. 3, p. 35-38, 1462-2815 (March 2015)

Author(s): Naysmith, Catherine, Wells, Maria, Newson, Susan, Webb, Jane

Abstract: Postnatal depression is a significant problem affecting approximately 14.5% of mothers and has the potential for negative long-term consequences for mothers and their children. Previous research suggests that group interventions using cognitive behavioural techniques can be helpful, providing mothers with strategies to address their problems as well as professional and peer support. This paper describes how a therapeutic group was developed by Health Visitors for mothers with postnatal depression in Oxfordshire. It was hypothesised that women who attended the group would feel better able to manage their mood, that their mood would improve and that attending the group would be a positive and supportive experience for them. Formal outcome measures as well as feedback questionnaires were used to evaluate the group and test these hypotheses as well as provide information to improve the service. An overview of the effectiveness of the group is given here, with the majority of women who attended showing improvement in their mood as well as high satisfaction with the content and processes of the course. The findings are discussed and plans for the future are presented.

[Publication] 17 references

Source: BNI

Full text: Available Community Practitioner at Community Practitioner

10. Drug administration in midwifery: Confusion, illegal practice and the supervisor of midwives

Citation: British Journal of Midwifery, Mar 2015, vol. 23, no. 3, p. 208-215, 0969-4900 (March 2015)

Author(s): Bennett, Shelley

Abstract: Medicines management for midwives is confusing and evidence suggests that widespread drug administration in the absence of valid prescriptions occurs in midwifery practice. This article explores the historic, political, social, legal and ethical aspects behind this in the context of medicines legislation, the midwifery profession, clinical governance and existing midwifery supervision framework. The function of the prescription is also considered. Synthesis of these concepts offers an explanation for the professional milieu in relation to the issues, demonstrating historic lack of attention. Supervisors of midwives are ideally placed to influence change in this area at a local level by promoting multi-professional team engagement and safe midwifery practice. Consideration of the national picture is needed to generate understanding and a consistent approach to medication issues, in order to improve safety and promote informed, integrated, individualised care for women. [PUBLICATION] 89 references

Source: BNI

Full text: Available EBSCOhost at British Journal of Midwifery

11. Effectiveness of folic acid supplementation in pregnancy on reducing the risk of small-for-gestational age neonates: a population study, systematic review and meta-analysis

Citation: BJOG, Mar 2015, vol. 122, no. 4, p. 478-490, 1470-0328 (March 2015)

Author(s): Hodgetts, VA, Morris, RK, Francis, A, Gardosi, J, Ismail, KM

Abstract: Objectives To assess the effect of timing of folic acid (FA) supplementation during pregnancy on the risk of
the neonate being small for gestational age (SGA). Design: A population database study and a systematic review with meta-analysis including the results of this population study. Setting and data sources: A UK regional database was used for the population study and an electronic literature search (from inception until August 2013) for the systematic review. Participants and included studies: Singleton live births with no known congenital anomalies; 111 736 in population study and 188 796 in systematic review. Outcome measures: data extraction and analysis. The main outcome was SGA based on customised birthweight centile. Associations are presented as odds ratios (OR) and adjusted odds ratios (aOR), adjusted for maternal and pregnancy-related characteristics. Results: Of 108 525 pregnancies with information about FA supplementation, 92 133 (84.9%) had taken FA during pregnancy. Time of commencement of supplementation was recorded in 39 416 pregnancies, of which FA was commenced before conception in 10 036, (25.5%) cases. Preconception commencement of FA supplementation was associated with reduced risk of SGA.

Source: BNI


Citation: Midwifery, 01 April 2015, vol./is. 31/4(418-425), 02666138
Author(s): Butler, Michelle M., Sheehy, Lucille, Kington, Mary (Maureen), Walsh, Maura C., Brosnan, Mary C., Murphy, Martina, Naughton, Corina, Drennan, Jonathan, Barry, Theresa
Language: English
Abstract: Objective: to evaluate midwife-led care (MLC) antenatal care compared with antenatal care provided in traditional obstetric-led hospital antenatal clinics (usual care). Design: a mixed methods approach involving a chart audit, postal survey, focus group and in-depth interviews. Setting: data were collected at a large maternity hospital and satellite clinics in Dublin from women attending for antenatal care between June 2011 and May 2012. Participants: 300 women with low-risk pregnancy who attended midwife-led antenatal care or usual clinics during the study period were randomly selected to participate. Measurements: data were collected from 292 women's charts and from 186 survey participants (63% response rate). Nine women participated in in-depth interviews and a focus group. Findings: MLC was as effective as usual care in relation to number of antenatal visits and ultrasound scans, referral to other clinicians, women's health in pregnancy, gestation at childbirth, and birth weight. Women attending MLC reported more usual care and shorter waiting times and having more time for discussion were important reasons for choosing MLC. Women attending MLC reported a better experience overall, and recorded better outcomes in relation to how they were treated, along with easier access to antenatal care and shorter waiting times to see a midwife. Although women attending MLC clinics reported higher satisfaction with the information that they received, they also identified that antenatal education could be improved in relation to labour, breast-feeding, depression and emotional well-being, and caring for the infant. Key conclusions: midwife-led antenatal care was as effective as usual care for women with low-risk pregnancy and better in relation to choice, breast feeding and women's experience of care.

Publication type: journal article
Source: CINAHL
Full text: Available Elsevier at Midwifery

13. Exercise During Pregnancy and its Association with Gestational Weight Gain

Citation: Maternal and Child Health Journal, Mar 2015, vol. 19, no. 3, p. 528-537, 1092-7875 (March 2015)
Author(s): Harris, Shericka T., Liu, Jihong, Wilcox, Sara, Moran, Robert, Gallagher, Alexa
Abstract: We examined the association between exercise during pregnancy and meeting gestational weight gain recommendations. Data came from the 2009 South Carolina Pregnancy Risk Assessment Monitoring System (n = 856). Women reported their participation in exercise/sports activities before and during pregnancy, including the number of months and types of exercise. We developed an exercise index (EI), the product of the number of months spent in exercise and average metabolic equivalents for specific exercise. The 2009 Institute of Medicine’s guideline was used to categorize gestational weight gain into three classes: inadequate, adequate, and excessive. Multinomial logistic regression models were used to adjust for confounders. Over 46 % of women exceeded the recommended weight gain during pregnancy. Nearly one third (31.9 %) of women reported exercising 73 times a week at any time during pregnancy. Compared to women who did not report this level of exercise during pregnancy, exercising women were more likely to meet gestational weight gain recommendations (32.7 vs. 18.7 %) and had a lower odds of excessive gestational weight gain [adjusted odds ratio (AOR) 0.43, 95 % confidence interval 0.24-0.78]. Women with an EI above
the median value of those women who exercised or women who exercised ≥3 times a week for 6–9 months during pregnancy had lower odds of excessive gestational weight gain (AOR for EI 0.20, 0.08–0.49; AOR for months 0.26, 0.12–0.56, respectively). Our findings support the need to promote or increase exercise during pregnancy to reduce the high proportion of women who are gaining excessive weight. [PUBLICATION] 51 references
Source: BNI

Citation: American Journal of Perinatology, 01 April 2015, vol./is. 32/4(307-315), 07351631
Author(s): Unterscheider, Julia, O’Donoghue, Keelin, Malone, Fergal D.
Language: English
Abstract: Objective This study aims to compare recommendations from recently published national clinical guidelines for pregnancies complicated by fetal growth restriction (FGR). Materials and Methods Clinical guidelines informing best practice management of pregnancies with FGR issued by the American Congress of Obstetricians and Gynecologists, the Society of Obstetricians and Gynaecologists of Canada and the Royal College of Obstetricians and Gynaecologists in the United Kingdom are reviewed together with the published literature on this topic. Results Each of the guidelines uses different terminology to describe pregnancies affected by suboptimal fetal growth; all of them agree that an estimated fetal weight < 10th centile should alert clinicians to small fetal size. All guidelines describe risk factor screening for improved detection of FGR and acknowledge the limited accuracy achieved with fundal height measurement. No agreement is reached over the value of fetal weight customization. All colleges have varied opinions regarding methods of Doppler surveillance, however agree that umbilical artery Doppler is beneficial as primary surveillance tool. Conclusions The results of this review relay significant inconsistencies and call for an urgent and practical international consensus on this important and common clinical topic. Current data were used to develop a clinical practice guideline for Ireland, which will be presented in context with this review.
Publication type: journal article
Source: CINAHL

15. Healthy late preterm infants and supplementary artificial milk feeds: Effects on breast feeding and associated clinical parameters.
Citation: Midwifery, 01 April 2015, vol./is. 31/4(426-431), 02666138
Author(s): Mattsson, Elisabet, Funkquist, Eva-Lotta, Wickström, Maria, Nyqvist, Kerstin H., Volsten, Helena
Language: English
Abstract: Objectives: to compare the influence of supplementary artificial milk feeds on breast feeding and certain clinical parameters among healthy late preterm infants given regular supplementary artificial milk feeds versus being exclusively breast fed from birth. Design: a comparative study using quantitative methods. Data were collected via a parental diary and medical records. Methods: parents of 77 late preterm infants (34 5/7–36 6/7 weeks), whose mothers intended to breast feed, completed a diary during the infants' hospital stay. Findings: infants who received regular supplementary artificial milk feeds experienced a longer delay before initiation of breast feeding, were breast fed less frequently and had longer hospital stays than infants exclusively breast fed from birth. Exclusively breast-fed infants had a greater weight loss than infants with regular artificial milk supplementation. A majority of the mothers (65%) with an infant prescribed artificial milk never expressed their milk and among the mothers who used a breast-pump, milk expression commenced late (10–84 hours after birth). At discharge, all infants were breast fed to some extent, 43% were exclusively breast fed. Key conclusions: clinical practice and routines influence the initiation of breast feeding among late preterm infants and may act as barriers to the mothers' establishment of exclusive breast feeding.
Publication type: journal article
Source: CINAHL
Full text: Available Elsevier at Midwifery

Citation: Midwifery, 01 April 2015, vol./is. 31/4(445-450), 02666138
Author(s): Ternström, Elin, Hildingsson, Ingegerd, Haines, Helen, Rubertsson, Christine
Language: English
Abstract: Objective: to investigate the prevalence of childbirth related fear (CBRF) in early pregnancy among both Swedish born and foreign born women living in Sweden. Design: a cross sectional prevalence study. Data was collected
17. HIV-Infected Mothers' Experiences During Their Infants' HIV Testing.

Citation: Research in Nursing & Health, 01 April 2015, vol./is. 38/2(142-151), 01606891

Author(s): Shannon, Maureen T.

Language: English

Abstract: Both survival with HIV and rates of perinatal HIV infection have significantly declined during the past decade, due to antiretroviral therapies that interrupt HIV transmission to the fetus and newborn. Although HIV is no longer routinely fatal to mothers or transmitted to fetuses, and the testing of newborns for HIV has been improved, evidence about HIV-infected mothers' experiences during the months of their infants' HIV testing predates these improvements. This qualitative study on 16 mothers was an analysis of interviews conducted several weeks after testing was completed and all infants had been determined to be uninfected. Mothers reported that their experiences evolved during the months of testing. Initial reactions included maternal trauma and guilt associated with infant testing. They then reported learning to cope with the roller coaster ride of repeated testing with the help of information from clinicians. By the end of the testing period, ambiguity began to resolve as they engaged in tentative maternal-infant attachment and expressed desire for a sense of normalcy. Need for support and fear of stigma persisted throughout. These findings expand current knowledge about this experience and suggest clinical strategies to guide HIV-infected women during this stressful period. © 2015 Wiley Periodicals, Inc.

Publication type: journal article

Source: CINAHL

Full text: Available Elsevier at Midwifery

18. Hospital-based bereavement services following the death of a child: A mixed study review

Citation: Palliative Medicine, Mar 2015, vol. 29, no. 3, p. 193-210, 0269-2163 (March 2015)

Author(s): Donovan, Leigh A, Wakefield, Claire E, Russell, Vera, Cohn, Richard J

Abstract: Background: There has been a breadth of research on the grief experience of parents following the death of a child. However, the role and impact of hospital-based bereaved services remain unclear. Aim: To identify services offered to bereaved families in perinatal, neonatal, and pediatric hospital settings and summarize the psychosocial impact of these services and published recommendations for best practice hospital-based bereavement care. Design: Systematic review of qualitative, quantitative, and mixed method studies guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses checklist and methodological quality appraised in accordance with the Mixed Method Appraisal Tool. Data sources: MEDLINE, EMBASE, Cumulative Index to Nursing and Allied Health, and PsychINFO were searched to find studies describing hospital-based bereavement services/interventions for parents, siblings, and grandparents. Results: In all, 14 qualitative, 6 quantitative, and 10 mixed method studies were identified. Nine descriptive articles were also included. Qualitatively, family members described feeling cared for and supported by staff, a reduction in sense of isolation, and improved coping and personal growth. Quantitatively, bereavement services have most effect for parents experiencing more complex mourning. It is recommended that bereavement services be theoretically driven and evidence based, offer continuity of care prior to and following the death of a child, and provide a range of interventions for the “whole family” and flexibility in service delivery. Conclusions: There is a
role for transitional hospital-based services/interventions for families in the lead up to and following the death of a child. Further mixed method research is required to inform best practice bereavement care guidelines in the perinatal, neonatal, and pediatric hospital settings. [PUBLICATION] 70 references

**Source:** BNI

**Full text:** Available *Palliative medicine* at Palliative Medicine

19. How pregnant women learn about foetal movements: Sources and preferences for information.

**Citation:** Women & Birth, 01 March 2015, vol./is. 28/1(54-59), 18715192

**Author(s):** McArdle, Annie, Flenady, Vicki, Toohill, Jocelyn, Gamble, Jenny, Creedy, Debra

**Language:** English

**Abstract:** Background Unexplained late gestation stillbirth is a significant health issue. Antenatal information about foetal movements has been demonstrated to reduce the stillbirth rate in women with decreased foetal movements. Midwives are ideally placed to provide this information to women. Aim To investigate pregnant women’s perceptions of information about foetal movements and preferences for receiving information. Methods This prospective, descriptive study was conducted in the antenatal clinic of a large metropolitan maternity hospital. Findings Pregnant women (n = 526) at 34 weeks gestation or later were recruited. Only 67% of women reported receiving information about foetal movements. Women reported that midwives (80%), family (57%), friends (48%) and own mother (48%) provided this information. Midwives were the most preferred source of information. Around half (52%) of the women used the internet for information but only 11% nominated the web as their preferred information source. Conclusion Women prefer to be given as much information about foetal movements as possible. Women favour information from health professionals, mainly from a midwife. Midwives are well-placed to partner with pregnant women and give them unbiased and evidenced based information enabling them to make decisions and choices regarding their health and well-being. While the internet is a prevalent information source, women want to be reassured that it is trustworthy and want direction to reliable pregnancy related websites.

**Publication type:** journal article

**Source:** CINAHL

20. Intervention during pregnancy to reduce excessive gestational weight gain—a randomised controlled trial

**Citation:** BJOG, Mar 2015, vol. 122, no. 4, p. 537-544, 1470-0328 (March 2015)

**Author(s):** Ronnberg, AK, Ostlund, I, Fadl, H, Gottvall, T, Nilsson, K

**Abstract:** Objective To evaluate if a feasible, low-cost intervention could decrease the percentage of women gaining weight above the Institute of Medicine (IOM) recommendations on gestational weight gain (GWG) compared with standard maternity care. Design A randomised controlled interventional design. Setting Antenatal clinics (n = 14) in Örebro county, Sweden, participated. Population Healthy women with a body mass index (BMI) >19 kg/m2, age >18 years and adequate knowledge of Swedish language who signed in for maternity care at >16 weeks of gestation. Methods Standard care was compared with a composite intervention consisting of education on recommended GWG according to IOM, application of personalised weight graph, formalised prescription of exercise and regular monitoring of GWG at every antenatal visit. Outcome The proportion of women gaining weight above IOM guidelines (1990) and mean GWG (kg) was compared between groups. Results In all, 445 women were randomised and 374 women remained for analysis after delivery. A majority of the women analysed were normal weight (72%). The intervention reduced the proportion of women who exceeded the IOM guidelines (41.1% versus 50.0%). The reduction was, however, not statistically significant (P = 0.086). Mean GWG was significantly lower among women receiving the intervention, 14.2 kg (SD 4.4) versus 15.3 kg (SD 5.4) in the standard care group (P = 0.029). Conclusions The low-cost intervention programme tested did significantly reduce the mean GWG but the proportion of women who exceeded the IOM recommendations for GWG was not significantly lower. [Publication] 40 references

**Source:** BNI

21. Intrapartum monitoring with cardiotocography and ST-waveform analysis in breech presentation: an observational study

**Citation:** BJOG, Mar 2015, vol. 122, no. 4, p. 528-535, 1470-0328 (March 2015)

**Author(s):** Kessler, J, Moster, D, Albrechtsen, S

**Abstract:** Objective To determine the electrocardiographic performance and neonatal outcome of pregnancies with breech presentation and planned vaginal delivery monitored with ST-waveform analysis (STAN). Design Prospective
observational study. Setting University hospital, Norway; 2004-2008. Population Singleton pregnancies with a gestational age above 35 + 6 weeks, breech presentation, selected for vaginal delivery and monitored with STAN. Methods Common clinical guidelines for STAN monitoring were used. An experienced neonatologist graded the symptoms of neonatal encephalopathy. The outcome was compared with STAN-monitored high-risk deliveries in a vertex presentation (n = 5569) using logistic regression analysis. Main outcome measure Frequency of ST events, indications of intervention for fetal distress, and neonatal morbidity and mortality. Results Breech presentation occurred in 750 of 23 219 (3.2%) deliveries, 625 (83%) of which were selected for vaginal delivery. Intrapartum monitoring by STAN was performed in 433 (69%). Compared with vertex presentations, fetuses in breech presentation had a lower risk of baseline T/QRS rise during labour [odds ratio (OR) = 0.7, 95% confidence interval (95% CI) = 0.7-0.9, P = 0.003] and a higher risk for intervention as a result of preterminal cardiotocogram (OR = 2.9, 95% CI = 1.6-5.9, P = 0.001). The risks of perinatal mortality (OR = 1.8, 95% CI = 0.2-15, P = 0.6), cord metabolic acidosis (OR = 0.8, 95% CI = 0.2-3.2, P = 0.7) and moderate or severe neonatal encephalopathy (OR = 1.8, 95% CI = 0.5-6.2, P = 0.3) did not differ significantly between breech and vertex deliveries. Conclusion STAN can be used for the surveillance of breech presentations selected for vaginal delivery with an acceptable neonatal outcome. The electrocardiogram (ECG) pattern during labour varies with the fetal presentation. [Publication] 46 references

Source: BNI

22. Italian fathers’ experiences of labour pain.

Citation: British Journal of Midwifery, 01 March 2015, vol./is. 23(188-194), 09694900
Author(s): Tarlazzi, Elena, Chiari, Paolo, Naldi, Enrico, Parma, Dila, Jack, Susan M.
Language: English

Abstract: Background: Most women in Italy ask the father of their baby to be with them during labour. While the benefits on labour outcomes related to the presence of a support person, specifically the infant’s father, have largely been demonstrated, few studies have focused on the meaning of this experience for fathers who chose to be with their partners during labour. Despite growing literature on this topic, no study has been conducted in Italy. Methods: The objective of the study is to explain the meaning of the labour pain experience from the father’s point of view. The chosen research method was phenomenology. The study involved six fathers. Data collection was conducted through in-depth interviews, until data saturation was reached. Data analysis was conducted using Colaizzi’s method. Strategies for increasing trustworthiness were used, such as member checking, peer examination, and code and recode procedures. Results: Five core themes emerged to describe fathers’ experiences, including: 1) ‘labour pain is something you have to go through’; 2) a silent presence that gives courage; 3) ‘I hope I can stay u

Publication type: journal article
Source: CINAHL
Full text: Available EBSCOhost at British Journal of Midwifery


Citation: Child: Care, Health & Development, 01 March 2015, vol./is. 41/2(314-323), 03051862
Author(s): Seymour, M., Giallo, R., Cooklin, A., Dunning, M.
Language: English

Abstract: Background The antecedents and consequences of maternal post-natal anxiety have received comparatively less attention than depression despite being one of the most frequently reported mental health difficulties experienced by parents following childbirth. The aim of this study was to extend emerging literature on post-natal anxiety by investigating the prevalence of maternal anxiety symptoms, and its relationship with parenting behaviours (i.e. warmth, hostility) and experiences (i.e. parenting efficacy and satisfaction) within the first post-natal year. The psychosocial risk factors for post-natal anxiety symptoms were also explored. Methods A community sample of 224 Australian mothers of infants (aged 0-12 months) completed a self-report questionnaire. Results Mothers in the current sample reported significantly more symptoms of anxiety compared with a normative sample. Approximately 18% of mothers reported mild to extremely severe symptoms of anxiety, with a high proportion experiencing co-morbid depressive symptoms. Maternal anxiety was associated with low parenting warmth, involvement, efficacy and satisfaction, and high parenting hostility. Yet, co-morbid depression and anxiety was more strongly associated with
these parenting behaviours and experiences than anxiety alone. Conclusion A range of psychosocial risk factors (e.g. education, sleep, relationship quality) were associated with maternal post-natal anxiety symptoms, providing opportunities for early identification and targeted early intervention.

**Publication type:** journal article  
**Source:** CINAHL

24. 'Paddling upstream': Fathers' involvement during pregnancy as described by expectant fathers and mothers.

**Citation:** Journal of Clinical Nursing, 01 April 2015, vol./is. 24/7/8(1059-1068), 09621067  
**Author(s):** Widarsson, Margareta, Engström, Gabriella, Tydén, Tanja, Lundberg, Pranee, Hammar, Lena Marmstål  
**Language:** English  
**Abstract:** Aims and objectives To describe the perspectives of expectant mothers and fathers on fathers’ involvement during pregnancy. Background Becoming a father is a major life event and paternal involvement during pregnancy has a positive influence on the family. However, research into both expectant mothers’ and fathers’ perspectives on fathers' involvement during pregnancy is relatively scarce. Design A descriptive qualitative study was used. Methods Thirty expectant parents (20 women and 10 men) were interviewed either as part of one of four focus groups or in an individual interview. Qualitative content analysis was performed on the interview transcripts. Results A theme of 'Paddling upstream' emerged as an expression of the latent content of the interviews concerning perspectives on fathers' involvement. Five sub-themes described the manifest content: trying to participate, trying to be understanding, trying to learn, trying to be a calming influence and trying to find a balanced life. Expectant parents suggested several ways to improve fathers' involvement and to meet parents' need for shared involvement. Conclusion Expectant mothers and fathers wanted the father to be more involved in the pregnancy. Although fathers attempted different strategies, they did not always perceive what was expected of them and encountered many barriers as they tried to navigate through this unique experience. The best support for the father was the mother. Expectant parents wanted their healthcare to include the father more thoroughly and to focus on the whole family. Relevance to clinical practice Prenatal care professionals can overcome barriers that prevent paternal involvement. Although fathers are not able to engage in the pregnancy on the same level as the mother, we suggest that their specific needs also be recognised through an increased awareness of gender norms in healthcare.  
**Publication type:** journal article  
**Source:** CINAHL

25. Pregnant Mothers' Perceptions of how Intimate Partner Violence affects Their Unborn Children

**Author(s):** Alhusen, Jeanne L, Wilson, Damali  
**Abstract:** Objective: To explore the perceptions of pregnant women on the experience of intimate partner violence (IPV) as it affects maternal and fetal health. Design: Secondary qualitative content analysis. Setting: Individual interviews conducted within three urban obstetric and gynecologic clinics. Participants: Our sample included a subset of eight pregnant women experiencing IPV during the current pregnancy. Participants were selected from a larger parent study that included qualitative data from 13 women. Methods: We analyzed in-depth individual interview transcripts in which participants discussed how they perceived IPV to affect their health as well as the health of their unborn children. Constant comparative techniques and conventional content analysis methodology were used in analysis. Results: Three themes emerged to illustrate mothers perceptions of how IPV influenced maternal and fetal outcomes: protection, fetal awareness, and fetal well-being. Conclusions: This analysis provides important insights into concerns that pregnant women experiencing IPV shared about maternal attachment and fetal well-being. Health care providers can use these findings to better assess the physical and psychological concerns of pregnant women experiencing IPV. Further research is needed to better understand how IPV contributes to adverse neonatal outcomes, particularly from a biological perspective. [Publication] 38 references  
**Source:** BNI

26. Priority issues from 0-19

**Citation:** British Journal of Midwifery, Mar 2015, vol. 23, no. 3, p. 216-217, 0969-4900 (March 2015)  
**Author(s):** Voogd, Caroline, Murphy, Madeleine, Gardner, Sophie  
**Abstract:** Midwifery, health visiting and school nursing services play an essential role in ensuring the health and wellbeing of children from conception to adulthood, yet there are many issues affecting all, which urgently need to be
27. The efficacy, safety and acceptability of medical termination of pregnancy provided by standard care by doctors or by nurse-midwives: a randomised controlled equivalence trial

Citation: BJOG, Mar 2015, vol. 122, no. 4, p. 510-517, 1470-0328 (March 2015)

Author(s): Kopp Kallner, H, Gomperts, R, Salomonsson, E, Johansson, M, Marions, L, Gemzell-Danielsson, K

Abstract: Objective To assess nurse-midwife provision of early medical termination of pregnancy (TOP) in a high-resource setting where ultrasound examination for dating of pregnancy is part of the protocol. Design Randomised controlled equivalence trial. Setting Out-patient family planning unit at a university hospital. Population Women seeking early medical TOP. Methods A total of 1180 women were randomised, without any prior examination, to counselling, examination, and treatment by either nurse-midwife or gynaecologist. Ultrasound was performed in all cases by the allocated provider. Main outcome measures The primary outcome was efficacy, defined as the successful completion of TOP without need for vacuum aspiration. Secondary outcomes were safety, defined as need for hospitalisation or blood transfusion, and acceptability, defined as preferred provider were the women to have a medical TOP in the future. Results A total of 481 women in the nurse-midwife group and 457 women in the doctor group were available for the final analysis. The effectiveness of provision of medical TOP by nurse-midwife providers was superior to that provided by doctors (risk difference 1.6%, 95% confidence interval 0.2-3.0%, which was within the set margin of equivalence). There were no significant differences in safety parameters. Women examined and counselled by a nurse-midwife were significantly more likely (P

Source: BNI

28. Timing of Breastfeeding Initiation and Exclusivity of Breastfeeding During the First Month of Life: Effects on Neonatal Mortality and Morbidity A Systematic Review and Meta-analysis

Citation: Maternal and Child Health Journal, Mar 2015, vol. 19, no. 3, p. 468-479, 1092-7875 (March 2015)

Author(s): Khan, Jehangir, Vesel, Linda, Bahl, Rajiv, Martines, José Carlos

Abstract: The purpose of this study was to review the evidence on the effect of initiation of breastfeeding early after birth and of exclusive breastfeeding during the first month in reducing neonatal mortality and morbidity. We searched Cochrane and PubMed databases for all available papers addressing our review questions and identified eleven papers. Data were extracted using a standard abstraction form. Evidence was assessed using the Grading of Recommendations Assessment, Development and Evaluation system. Meta-analysis was done using STATA 11.0. Early initiation of breastfeeding was associated with a reduced risk of neonatal mortality. Initiating breastfeeding after the first hour doubled the risk of neonatal mortality. Exclusively breastfed neonates had a lower risk of mortality and infection-related deaths in the first month than partially breastfed neonates. Exclusively breastfed neonates also had a significantly lower risk of sepsis, diarrhea and respiratory infections compared with those partially breastfed. The pooled evidence indicates that substantial benefits in reducing neonatal mortality and morbidity can be achieved with effective promotion of early initiation of breastfeeding and exclusive breastfeeding during the first month of life.

Source: BNI

29. Timing of Prenatal Smoking Cessation or Reduction and Infant Birth Weight: Evidence from the United Kingdom Millennium Cohort Study

Citation: Maternal and Child Health Journal, Mar 2015, vol. 19, no. 3, p. 447-458, 1092-7875 (March 2015)

Author(s): Yan, Ji, Groothuis, Peter A.

Abstract: Smoking during pregnancy is a key contributor to poor infant health. Our study presents a dynamic relationship between the timing of prenatal smoking cessation or reduction and infant birth weight. Using a large representative dataset of a birth cohort in the United Kingdom, we apply regression analysis to examine the influences of cessation in smoking or reduction in smoking intensity at different months or trimesters on infant birth weight. For robustness checks, we use a rich set of additional covariates, a series of variable selection procedures, alternative birth outcome measures, and stratified samples. We find robust evidence that mothers who quit smoking by the third month of pregnancy or the end of the first trimester have infants of the same weight as those infants of nonsmokers. However, we find smoking cessation in the fourth month or any time beyond is associated with substantially lower infant birth weights. Two-thirds of the total adverse smoking impact on infant birth weight occurs in the second
Our study also shows mothers who smoke throughout pregnancy but cut smoking intensity by the third month in pregnancy deliver infants of the same weight as those infants born to persistent light smokers. Our research suggests the efficacy of prenatal smoking cessation services can be significantly improved, if health professionals can encourage more pregnant women to quit smoking or reduce smoking intensity timely by the end of the first trimester.

Source: BNI

30. Vaginal cones or balls to improve pelvic floor muscle performance and urinary continence in women postpartum: a quantitative systematic review and meta-analysis protocol

Citation: Journal of Advanced Nursing, Apr 2015, vol. 71, no. 4, p. 933-941, 0309-2402 (April 2015)

Author(s): Oblasser, Claudia, Christie, Janice, McCourt, Christine

Abstract: Aim. To identify, critically appraise and synthesize the best current evidence on the use of vaginal cones or balls to improve pelvic floor muscle performance and urinary continence in women post partum. Background. The vaginal use of cones or balls is a pelvic floor muscle training method that aims to enhance muscle performance and thereby prevent or treat urinary incontinence. Nonetheless to date, no systematic review has focused on the effectiveness of these devices specifically during the postpartum period. Design. Quantitative systematic review with potential meta-analysis. Methods. The review will be undertaken by searching 14 scientific databases (including PubMed and CINAHL, without date restriction) and the world-wide web; experts will also be contacted for published and unpublished data. Included studies must be randomized or quasi-randomized trials and have female participants until 1 year after childbirth. The intervention will be compared with no treatment, placebo, sham treatment or active controls. Outcome measures will relate to pelvic floor muscle performance or urinary incontinence. Studies will be selected, 'risk of bias' assessed and data extracted by two reviewers independently. Following inter-reviewer agreement of included studies, data will be checked after entry into systematic review processing software. If appropriate, data will be synthesized by meta-analysis; if this is not possible, a narrative review only will be undertaken. Discussion. The information gained from this systematic review will help midwives, nurses, other health professionals and women after childbirth decide how to promote female pelvic floor health and in defining further areas of study. [PUBLICATION] 44 references

Source: BNI

31. Women's experiences of coping with pain during childbirth: A critical review of qualitative research.

Citation: Midwifery, 01 March 2015, vol./is. 31/3(349-358), 02666138

Author(s): Van der Gucht, Natalie, Lewis, Kiara

Language: English

Abstract: Objective: to identify and analyse qualitative literature exploring women's experiences of coping with pain during childbirth. Design: critical review of qualitative research. Findings: ten studies were included, conducted in Australia, England, Finland, Iceland, Indonesia, Iran and Sweden. Eight of the studies employed a phenomenological perspective with the remaining two without a specific qualitative methodological perspective. Thematic analysis was used as the approach for synthesising the data in this review. Two main themes emerged as the most significant influences upon a woman's ability to cope with pain: (i) the importance of individualised, continuous support and (ii) an acceptance of pain during childbirth. This review found that women felt vulnerable during childbirth and valued the relationships they had with health professionals. Many of the women perceived childbirth pain as challenging, however, they described the inherent paradox for the need for pain to birth their child. This allowed them to embrace the pain subsequently enhancing their coping ability. Key conclusions: women's experience of coping with pain during childbirth is complex and multifaceted. Many women felt the need for effective support throughout childbirth and described the potential implications where this support failed to be provided. Feeling safe through the concept of continuous support was a key element of care to enhance the coping ability and avoid feelings of loneliness and fear. A positive outlook and acceptance of pain was acknowledged by many of the women, demonstrating the beneficial implications for coping ability. These findings were consistent despite the socio-economic, cultural and contextual differences observed within the studies suggesting that experiences of coping with pain during childbirth are universal. Implications for practice: the findings suggest there is a dissonance between what women want in order to enhance their ability to cope with pain and the reality of clinical practice. This review found women would like health professionals to maintain a continuous presence throughout childbirth and support a social model of care that promotes continuity of care and an increasing acceptance of pain as part of normal childbirth. It is suggested future research regarding the role of antenatal provision for instilling such a viewpoint in preparation of birth be undertaken to inform policy makers. The need for a shift in societal norms is also suggested to disseminate expectations and
positive or negative views of what the role of pain during childbirth should be to empower women to cope with childbirth and embrace this transition to motherhood as part of a normal process.

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available Elsevier at Midwifery

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### News

**NHS Choices**

"4D' ultrasound shows effects of smoking on unborn babies

Tuesday 24th March 2015

"Unborn baby shown grimacing in womb as mother smokes," is the somewhat misleading headline in The Daily Telegraph. The news comes after researchers released dramatic images of babies in the womb taken using 4D ultrasound scanners. 4D scanners provide real-time moving images of babies in the womb.

**Breastfed babies 'grow up to be brainier and richer'**

Wednesday 18th March 2015

"Breastfed babies grow up smarter and richer, study shows," The Daily Telegraph reports. A study from Brazil that tracked participants for 30 years found a significant association between breastfeeding and higher IQ and income in later life.

**Do antibiotics in pregnancy cause cerebral palsy and epilepsy?**

Thursday 26th March 2015

"Antibiotic used in pregnancy linked to risk of epilepsy and cerebral palsy," The Guardian reports. The results of a new study suggest women who take macrolide antibiotics were slightly more likely to give birth to a child with one (or both) of these conditions, compared with women who take penicillin.

**New Down's syndrome test more accurate than current screening**

Thursday 2nd April 2015

"Blood test for Down's syndrome 'gives better results'," reports BBC News today. The test, which is based on spotting fragments of "rogue DNA", achieved impressive results in a series of trials. A study of over 15,000 women found that the new blood test more accurately identifies pregnancies with Down's syndrome than the test currently used.

**No such thing as baby brain, study argues**

Wednesday 8th April 2015

'Baby brain' is a stereotype and all in the mind, the Mail Online reports. The headline is prompted by a US study that aimed to see if "baby brain" (aka "mumnesia") – alleged memory lapses and problems with concentration during pregnancy – is a real phenomenon or just a myth.

**NHS England**

**Chair of the national maternity review announced**

Thursday 26th March 2015

Baroness Julia Cumberlege is to lead a major review of maternity services which is set to modernise care for women and babies across the country, NHS England announced today. The programme of work will assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies.

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### New Library Resources

**New Books**

New books related to the topic of Maternity Care available from Healthcare Library. To search the library catalogue visit [www.swims.nhs.uk](http://www.swims.nhs.uk)
Clinical Obstetrics & Gynaecology
Edited by Magowan BA, Owen P, Thomson A
ISBN: 978 0 7020 5408 2
Barcode: T026857
Shelfmark: tbc

PROMPT – Practical Obstetric Multi-Professional Training Course Manual
Edited by Winter C, Crofts J, Laxton C, Barnfield S, Draycott T
ISBN: 978 1 107 66052 6
Barcode: T026681
Shelfmark: WQ220

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