Healthcare Library
Current Awareness Bulletin – Maternity
March 2015

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**Guidelines**

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

*Diabetes in pregnancy: management of diabetes and its complications from preconception to the postnatal period*  
NICE guideline (NG3) Publication date: February 2015

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**New and Updated Cochrane Systematic Reviews**

**Updated Reviews – March 2015**  
Active versus expectant management for women in the third stage of labour

**New Reviews – February 2015**  
Routine blood cultures in the management of pyelonephritis in pregnancy for improving outcomes

**Updated Reviews – February 2015**  
Calcium supplementation (other than for preventing or treating hypertension) for improving pregnancy and infant outcomes

Interventions for helping to turn term breech babies to head first presentation when using external cephalic version

Methods of milk expression for lactating women

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**New from Up To Date**

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**What’s New in Obstetrics**

Maternity related topics
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 on ext 4433 or e-mail: library.office@salisbury.nhs.uk.

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**Journal Articles:**

1. A feminist narrative study of the maternity care experiences of women who were sexually abused in childhood.
   
   **Citation:** Midwifery, 01 January 2015, vol./is. 31/1(54-60), 02666138
1. Background: One in five women experience childhood sexual abuse and these women may suffer trauma during childbirth. Their maternity care is often reminiscent of their abuse. Objective: To inform practice by exploring the impact that childhood sexual abuse has on the maternity care experiences of adult women. Design: This was a narrative study from a feminist perspective. The part of the study reported here utilised in-depth interviews with women. Data were analysed using the Voice-Centred Relational Method of analysis and further thematic analysis. Setting: Users of one maternity service in the South of England Participants: Nine women were interviewed following purposive sampling. Findings: The main themes identified were women's narratives of self, women's narratives of relationship, women's narratives of context and the childbirth journey. The concept of silence linked all these themes and aspects of the study relating to it are reported here. Key conclusions and implications for practice: Every day midwives will encounter women who were sexually abused in childhood. Most of these women do not disclose to those caring for them and may not respond to a direct question. They will not necessarily be distinguishable from other women accessing maternity services but they may find their experiences deeply traumatic. Silence is a challenge for those providing their care. Open communication and a genuine interest in women as individuals are required. Midwives need to listen for the unspoken messages women are trying to convey. If all women were treated with dignity and respect more may emerge from the experience of childbirth feeling empowered rather than violated.

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

2. Objective: to develop greater understanding of how expectant fathers experience their partner's labour and the subsequent birth of their baby. Design: a qualitative meta-synthesis. Data were search for in CINAHL, PubMed, Psych Info and SCOPUS. Setting: eight studies conducted in England, Malawi, Nepal and Sweden were included. Participants: 120 fathers with experiences of their partner having a spontaneous vaginal, assisted or surgical birth. Measurements and findings: 1st order themes were identified and subsequently grouped into seven 2nd order themes. Finally through a process of exploring patterns and connections seven 3rd order themes were developed which produced new insights into the men's experiences of labour and birth. This meta-synthesis revealed that most men wanted to be actively involved in their partner's labour, present at the birth and respected for what they could contribute. Men recognised that birth was a unique event that may be potentially challenging requiring a level of preparation. There were also men who felt pressured to attend. During the actual experience of labour men commonly expressed overwhelming feelings and inadequacy in their ability to support their partner. They particularly struggled with the 'pain' of labour. Midwives were subsequently identified as best placed to make a significant difference to how men perceived their experiences of labour and birth. Key conclusions: the expectant fathers' birth experiences were multidimensional. Many were committed to being involved during labour and birth but often felt vulnerable. Being prepared and receiving support were essential elements of positive experience as well as contributing to their ability to adequately support the labouring woman. Implications for practice: men's ability to actively prepare for, and be supported through, the labour and birth process influences their perceptions of the childbirth event as well as their sense of connection to their partner. Couples should be given opportunities to explore expectations and how these may influence their own construction of their role during the birth process. While the role of expectant fathers in labour and birth should be facilitated and supported arguably their wish not to participate should be afforded the same respect.

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

3. A randomized controlled trial of the effectiveness of a postnatal psychoeducation programme on outcomes of primiparas: study protocol.

Publication type: journal article
Source: CINAHL
Full text: Available Elsevier at Midwifery
Author(s): Shorey, Shefaly, Chan, Wai-Chi Sally, Chong, Yap Seng, He, Hong-Gu

Abstract: Aim To report a trial protocol that evaluates the effectiveness of postnatal psychoeducation programme in improving maternal parental self-efficacy and social support and in reducing postnatal depression among primiparas. Background Primiparas encounter physical, psychosocial and newborn care challenges in the early postnatal period. However, primiparas do not receive adequate professional support after early discharge from hospitals, thus hindering their adaptation to new role as mothers and smooth transition to motherhood. Postnatal psychoeducation programmes have been shown to be effective in improving pregnant women's health. However, there is a lack of theory-based, postnatal psychoeducation interventions for primiparas. Design A randomized controlled trial of two-group pretest and repeated posttests is proposed. Methods The study will recruit a minimum of 114 primiparas on the day of discharge from a Singaporean public hospital (protocol approved in May 2012). Eligible participants will be randomly allocated to either a control group (receiving routine care) or an experimental group (receiving a postnatal psychoeducation programme besides routine care). Outcome measures include maternal parental self-efficacy, social support and postnatal depression. Data will be collected at baseline (on the day of discharge), 6 and 12 weeks postpartum. Discussion This will be the first study of its kind that will use rigorous study design to evaluate a theory-based innovative postnatal psychoeducation programme on maternal outcomes. The study may identify a potentially effective way of enhancing primiparas' self-efficacy and social support, which may in turn reduce their risk of postnatal depression. The Sigma Theta Tau International Upsilon Eta Chapter funded this study.

Publication type: journal article
Source: CINAHL
Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

4. Alcohol consumption in pregnancy and its implications for breastfeeding.

Citation: British Journal of Midwifery, 01 February 2015, vol./is. 23/2(126-134), 09694900
Author(s): Dunney, Clare, Muldooon, Kathryn, Murphy, Deirdre J.

Abstract: Background: Current advice to women in Ireland is to abstain from alcohol when pregnant or breastfeeding. This study aims to establish whether women embrace this advice when pregnant and if there is a need for additional midwifery-led education in relation to alcohol consumption and breastfeeding. Methods: A cohort study of 907 women who booked for antenatal care and to give birth in a large maternity hospital in Dublin, was undertaken from 2010–2011. Eligible women completed an interview at the first visit, a postal questionnaire during the third trimester of pregnancy, and were followed-up until the birth and discharge. Results: During pregnancy women who planned to exclusively breastfeed continued to consume alcohol at a rate similar to those who did not plan to breastfeed (30.2% compared with 27.5%; (OR 1.13; 95% CI; 0.84–1.53). Consuming alcohol was associated with older maternal age, Irish nationality and private health care. Intention to exclusively breastfeed was associated with socioeconomic group, non-Irish nationality and private health care. The findings at follow-up were similar to the first set of results with almost a third of women who consumed alcohol in pregnancy exclusively breastfeeding at the time of hospital discharge; (OR 1.28; 95% CI, 0.95–1.73) Conclusions: Many women who plan to breastfeed continue to consume alcohol in pregnancy despite national and international guidelines that recommend abstention. There may be opportunities in the antenatal period to influence behavioural change in relation to breastfeeding and alcohol consumption.

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

5. Application of the triage assessment system for psychological assessment for pregnant women with a deadly fetal abnormality.

Citation: International Journal of Nursing Practice, 01 February 2015, vol./is. 21/1(102-106), 13227114
Author(s): Yu, Xiao-yan, Hu, Yin, Li, Ya-cen, Feng, Su-wen

Abstract: To explore suitable scales to assess psychological status of pregnant women whose fetuses have grave deformities, a face-to-face interview guided by the Triage Assessment System (TAS) was conducted. Also, a questionnaire of the Impact of Event Scale-Revised (IES-R) was obtained in 44 pregnant women diagnosed with a fetal deformity. Percentages and non-parametric Spearman correlations were used to analyse the scores of the
two scales. The total score of TAS ranged from 3 to 26, with a mean of 9.93; and the total score of IES-R ranged from 5 to 63, with a mean of 40.36. The total score and the two subscales of each scale were significantly correlated (P < 0.05). The TAS subscale of emotion and IES-R subscale of intrusion were not significantly correlated, with r = 0.24 (P = 0.11). Combined use of TAS and IES-R can make up for each other’s deficiencies and guide the clinician to make individual interventions during screening and treatment.

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

### 6. Associations of maternal BMI and gestational weight gain with neonatal adiposity in the Healthy Start study.

**Citation:** American Journal of Clinical Nutrition, 01 February 2015, vol./is. 101/2(302-309), 00029165  
**Author(s):** Starling, Anne P., Brinton, John T., Glueck, Deborah H., Shapiro, Allison L., Harrod, Curtis S., Lynch, Anne M., Siega-Riz, Anna Maria, Dabelea, Dana  
**Language:** English  
**Abstract:** Background: Maternal obesity and weight gain during pregnancy are risk factors for child obesity. Associations may be attributable to causal effects of the intrauterine environment or genetic and postnatal environmental factors. Objective: We estimated associations of maternal prepregnancy body mass index (BMI) and gestational weight gain (GWG) overall and in early pregnancy, midpregnancy, and late pregnancy with neonatal adiposity. Design: Participants were 826 women enrolled in a Colorado prebirth cohort who delivered term infants (2010-2013). GWG to 39 wk of gestation was predicted by using mixed models, and early pregnancy, midpregnancy, and late pregnancy rates of GWG (0-17, 17-27, and 27 wk to delivery) were calculated from repeated weight measures. Neonatal body composition was measured by using air-displacement plethysmography ≤3 d after birth. Results: Each 1-kg/m² increase in maternal BMI was associated with increased neonatal fat mass (5.2 g; 95% CI: 3.5, 6.9 g), fat-free mass (7.7 g; 95% CI: 4.5, 10.9 g), and percentage of body fat (0.12%; 95% CI: 0.08%, 0.16%). Each 0.1-kg/wk increase in predicted GWG was associated with increased fat mass (24.0 g; 95% CI: 17.4, 30.5 g), fat-free mass (34.0 g; 95% CI: 21.4, 46.6 g), and percentage of body fat (0.55%; 95% CI: 0.37%, 0.72%). No interaction was detected between BMI and GWG in their effects on neonatal body composition. Early pregnancy, midpregnancy, and late pregnancy rates of GWG were independently associated with fat mass and percentage of body fat. Midpregnancy and late pregnancy GWGs were associated with fat-free mass. An observed GWG that exceeded recommended was associated with higher neonatal fat mass and fat-free mass but not percentage of body fat relative to adequate GWG. Conclusions: Maternal prepregnancy BMI and GWG, including period-specific GWG, were positively and independently associated with neonatal adiposity. Associations of early and midpregnancy weight gain with neonatal adiposity support the hypothesis that greater maternal weight gain during pregnancy, regardless of prepregnancy BMI, is directly related to offspring adiposity at birth. The Healthy Start study was registered as an observational study at clinicaltrials.gov as NCT02273297.  
**Publication type:** journal article  
**Source:** CINAHL

### 7. Body image concerns during pregnancy are associated with a shorter breast feeding duration.

**Citation:** Midwifery, 01 January 2015, vol./is. 31/1(80-89), 02666138  
**Author(s):** Brown, Amy, Rance, J., Warren, L.  
**Language:** English  
**Abstract:** Objective: breast feeding is affected by numerous psycho-social factors. Antenatal concerns such as embarrassment regarding public feeding and the impact of breast feeding upon breast shape are known to lead to artificial milk use. However, although work has explored the relationship between maternal weight and infant feeding, wider body image concerns have not been examined. The aim of the current study was to explore the association between maternal body image concerns during pregnancy upon intended and actual breast feeding duration. Design: a two stage self report questionnaire completed during pregnancy and at six months post partum. Setting: mothers were recruited from local mother and infant groups, nurseries and online mother and infant forums. Participants: 128 pregnant women completed both stages. Measures: phase one: completion of a questionnaire exploring body image during pregnancy (concerns about stretch marks, weight gain and appearance) and planned breast feeding duration during the second/third trimester of pregnancy (body image, weight, intended duration) followed by a second questionnaire measuring actual breast feeding duration and breast feeding experiences. Findings: factor analysis revealed three primary body image concerns: pregnancy body image, prospective postnatal body image and dieting during pregnancy. Higher concerns on all three factors
were associated with both intended and actual shorter breast feeding duration. Amongst mothers who stopped breast feeding before six months, those with higher body image concerns were more likely to report stopping due to embarrassment or the perceived impact upon their breast shape. The relationship was not explained by maternal weight, although a higher residual weight gain at six months was associated with a shorter breast feeding duration. Conclusions and implications for practice: mothers who are affected negatively by changes to their body during pregnancy may be less likely to plan to or initiate breast feeding potentially due to underlying issues such as embarrassment or perceived impact of feeding upon their appearance. The findings are important to those working with women during pregnancy and the postpartum period in understanding the impact of body image upon intention and ability to initiate and continue breast feeding.

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available Elsevier at Midwifery

8. Does general exercise training before and during pregnancy influence the pelvic floor "opening" and delivery outcome? A 3D/4D ultrasound study following nulliparous pregnant women from mid-pregnancy to childbirth.

**Citation:** British Journal of Sports Medicine, 01 February 2015, vol./is. 49/3(196-199), 03063674

**Author(s):** Bø, Kari, Hilde, Gunvor, Stær-Jensen, Jette, Siafarikas, Franziska, Tennfjord, Merete Kolberg, Engh, Marie Ellstrøm

**Language:** English

**Abstract:** BACKGROUND: It has been suggested that women who are regular exercisers have a tighter pelvic floor and thereby have more difficulty during childbirth than non-exercising women. We investigated whether women exercising before and during pregnancy have a narrower levator hiatus (LH) area than their sedentary counterparts. We also studied whether regular exercise at gestational week 37 influences delivery outcome.

**METHODS:** Cohort study of 274 nulliparous pregnant women assessed at mid-pregnancy and gestational week 37 by three-dimensional/four-dimensional transperineal ultrasonography of the LH area. Exercisers were defined as those exercising >=30min three times per week and non-exercisers as not exercising. Exercise data were collected via electronic questionnaire at mean gestational weeks 21 and 37. Labour and delivery outcomes were collected from the women's electronic medical birth records. Differences between exercisers and non-exercisers were analysed using independent sample t test or [chi](2) test. p Value was set to <=0.05. RESULTS: At gestational week 37, exercisers had a significantly larger LH area than non-exercisers at rest and during PFM contraction (mean difference -1.6cm(2) (95% CI -3.0 to -0.3), p=0.02 and -1.1 cm(2) (95% CI -2.0 to -0.1), p=0.04, respectively). No significant differences were found between exercisers and non-exercisers at week 37 in any labour or delivery outcomes. CONCLUSIONS: The results of the present study do not support the hypothesis that women exercising regularly before or during pregnancy have a narrower LH area or more complicated childbirths than non-exercising women. TRIAL REGISTRATION NUMBER: ClinicalTrials.gov: NCT01045135.

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available Highwire Press at British Journal of Sports Medicine

9. Effect of Previous Miscarriage on Depressive Symptoms During Subsequent Pregnancy and Postpartum in the First Baby Study.

**Citation:** Maternal & Child Health Journal, 01 February 2015, vol./is. 19/2(391-400), 10927875

**Author(s):** Bicking Kinsey, Cara, Baptiste-Roberts, Kesha, Zhu, Junjia, Kjerulff, Kristen

**Language:** English

**Abstract:** Our objective was to test the hypothesis that nulliparous women with a history of miscarriage have an increased risk of depression during late pregnancy, and at 1, 6, and 12 months postpartum compared to women without a history of miscarriage. We conducted secondary analysis of a longitudinal cohort study, the First Baby Study, and compared 448 pregnant women with a history of miscarriage to 2,343 pregnant women without a history of miscarriage on risk of probable depression (score >12 on the Edinburgh Postnatal Depression Scale). Logistic regression models were used to estimate odds ratios at each time point and generalized estimating equations were used to obtain estimates in longitudinal analysis. Women with a history of miscarriage were not more likely than woman without a history of miscarriage to score in the probable depression range during the third trimester or at 6 or 12 months postpartum but were more likely at 1 month postpartum, after adjustment
for sociodemographic factors (OR 1.66, 95 % CI 1.03-2.69). Women with a history of miscarriage may be more vulnerable to depression during the first month postpartum than women without prior miscarriage, but this effect does not appear to persist beyond this time period. We support the promotion of awareness surrounding this issue and recommend that research is planned to identify risk factors that may position a woman with a history of miscarriage to be at higher risk for depression.

Publication type: journal article
Source: CINAHL

Citation: Midwifery, 01 February 2015, vol./is. 31/2(332-340), 02666138
Author(s): Marshall, Joyce L., Spiby, Helen, McCormick, Felicia
Language: English
Abstract: Background: Caesarean section plays an important role in ensuring safety of mother and infant but rising rates are not accompanied by measurable improvements in maternal or neonatal mortality or morbidity. The ‘Focus on Normal Birth and Reducing Caesarean section Rates Rapid Improvement Programme’ was a facilitative initiative developed to promote opportunities for normal birth and reduce caesarean section rates in England. Objective: to evaluate the ‘Focus on Normal Birth and Reducing Caesarean section Rates’ programme, by assessment of: impact on caesarean section rates, use of service improvements tools and participants' perceptions of factors that sustain or hinder work within participating maternity units. Design: a mixed methods approach included analysis of mode of birth data, web-based questionnaires and in-depth semi-structured telephone interviews. Participants: twenty Hospital Trusts in England (selected from 68 who applied) took part in the ‘Focus on Normal Birth and Reducing Caesarean section Rates Rapid Improvement Programme’ initiative. In each hospital Trust, the head of midwifery, an obstetrician, the relevant lead for organisational development, a supervisor of midwives, or a clinical midwife and a service user representative were invited to participate in the independent evaluation. Methods: collection and analysis of mode of birth data from 20 participating hospital Trusts, web-based questionnaires administered to key individuals in all 20 Trusts and in-depth semi-structured telephone interviews conducted with key individuals in a sample of six Trusts. Findings: there was a marginal decline of 0.5% (25.9% from 26.4%) in mean total caesarean section rate in the period 1 January 2009 to 31 January 2010 compared to the baseline period (1 July–31 December 2008). Reduced total caesarean section rates were achieved in eight trusts, all with higher rates at the beginning of the initiative. Features associated with lower caesarean section rates included a shared philosophy prioritising normal birth, clear communication across disciplines and strong leadership at a range of levels, including executive support and clinical leaders within each discipline. Conclusions: it is important that the philosophy and organisational context of care are examined to identify potential barriers and facilitative factors.
Publication type: journal article
Source: CINAHL
Full text: Available Elsevier at Midwifery

Citation: Journal of Epidemiology & Community Health, 01 January 2015, vol./is. 69/1(49-54), 0143005X
Author(s): McCall, Stephen J., Bhattacharya, Sohinee, Okpo, Emmanuel, Macfarlane, Gary J.
Language: English
Abstract: Background: Teenage pregnancy is a known social problem which has been previously described using a number of deprivation measures. This study aimed to explore the temporal patterns of teenage pregnancy in Aberdeen, Scotland and to assess the discriminating ability of three measures of socioeconomic status. Methods: This was a population-based study from 1950 to 2010, using data from the Aberdeen Maternity Neonatal Databank (AMND). The main outcome variable was conceptions occurring in women aged less than 20 years. This study used two area-based measures, the Scottish Index of Multiple Deprivation (SIMD) and the Carstairs index, and one individual-based measure the Social Class based on Occupation (SCO). These measures were compared for their association with teenage conceptions using logistic regression models. The models were used to determine receiver operating characteristic (ROC) curves showing the discriminating ability of the measures. Results: There was an overall decline in teenage conceptions over the 60-year period, but an increase in the rate ratio for deprived areas. All the measures of socioeconomic status were highly associated with teenage
pregnancy. The adjusted OR of SIMD and teenage conception was 5.72 (95% CI 4.62 to 7.09), which compared the most deprived decile with the least deprived decile. The use of ROC curves showed that socioeconomic measures performed better than chance at determining teenage conceptions ($\chi^2=21.67$, $p\leq0.0001$). They further showed that the SIMD had the largest area under the curve (AUC) with a value of 0.81 (95% CI 0.80 to 0.82), followed by the Carstairs index with an AUC of 0.80 (95% CI 0.78 to 0.80), then by SCO with an AUC of 0.79 (95% CI 0.78 to 0.80). Conclusions: Despite a slight decline in teenage pregnancies over the past decades, there is still an evident association between deprivation and teenage pregnancy. This study shows that all the measures of socioeconomic status were highly associated with teenage pregnancy, with the SIMD having the greatest discriminatory effect.

Publication type: journal article
Source: CINAHL
Full text: Available Highwire Press at Journal of Epidemiology and Community Health

12. Exploring health professionals' and women's awareness of models of maternity care evidence
Citation: British Journal of Midwifery, Jan 2015, vol. 23, no. 1, p. 22-31, 0969-4900 (January 2015)
Author(s): Soltani, Hora, Fair, Frankie, Duxbury, Alexandra MS
Abstract: A Cochrane systematic review has shown midwifery-led continuity models of care provide explicit benefits for mothers and babies compared with other models of maternity care, with a comparable level of safety. This study explored the local impact of the review, alongside other midwifery-led care evidence and guidelines. Electronic surveys were undertaken exploring women's and health professionals' awareness of models of maternity care evidence, including midwifery-led care and homebirth, and how they use evidence to guide their choices and practice. A low awareness of much of the available evidence was shown among the women and the professionals. There is a need for better dissemination of information to professionals as they are women's preferred source of information about the options available for place of birth and midwifery-led care.
[PUBLICATION] 27 references
Source: BNI
Full text: Available EBSCOhost at British Journal of Midwifery

Citation: International Journal of Nursing Studies, 01 February 2015, vol./is. 52/2(578-587), 00207489
Author(s): Sheen, Kayleigh, Spiby, Helen, Slade, Pauline
Language: English
Abstract: Background: Midwives provide care in a context where life threatening or stressful events can occur. Little is known about their experiences of traumatic events or the implications for psychological health of this workforce. Objectives: To investigate midwives' experiences of traumatic perinatal events encountered whilst providing care to women, and to consider potential implications. Design: A national postal survey of UK midwives was conducted. Participants: 421 midwives with experience of a perinatal event involving a perceived risk to the mother or baby which elicited feelings of fear, helplessness or horror (in the midwife) completed scales assessing posttraumatic stress symptoms, worldview beliefs and burnout. Results: 33% of midwives within this sample were experiencing symptoms commensurate with clinical posttraumatic stress disorder. Empathy and previous trauma exposure (personal and whilst providing care to women) were associated with more severe posttraumatic stress responses. However, predictive utility was limited, indicating a need to consider additional aspects increasing vulnerability. Symptoms of posttraumatic stress were associated with negative worldview beliefs and two domains of burnout. Conclusions: Midwives may experience aspects of their work as traumatic and, as a consequence, experience posttraumatic stress symptomatology at clinical levels. This holds important implications for both midwives' personal and professional wellbeing and the wellbeing of the workforce, in addition to other maternity professionals with similar roles and responsibilities. Organisational strategies are required to prepare midwives for such exposure, support midwives following traumatic perinatal events and provide effective intervention for those with significant symptoms.
Publication type: journal article
Source: CINAHL

Citation: Journal of Perinatal & Neonatal Nursing, 01 January 2015, vol./is. 29/1(23-31), 08932190
Gastrointestinal discomf

orts are a very common complaint in pregnancy. In fact, most pregnant women will experience at least one discomfort. This article focuses on 5 common conditions that occur in pregnancy: gastroesophageal reflux disease, diarrhea, constipation, hemorrhoids, and pica. While these conditions do occur in men and nonpregnant women, they occur more frequently in pregnancy because of the anatomic and physiologic changes associated with gestation. The type and severity of symptoms can vary from individual to individual, making treatment a challenge for healthcare providers, particularly when caring for pregnant women because the effects of medications and other treatments on the developing fetus are often not extensively studied. While these discomforts are rarely life-threatening, they can cause significant distress and impair quality of life. The goal of this article was to provide a summary of the anatomic and physiological changes during pregnancy that contribute to the increasing incidence of these discomforts and to provide information about each condition including prevalence, symptoms, and treatment modalities.

15. Hands-poised technique: The future technique for perineal management of second stage of labour? A modified systematic literature review.

Citation: Midwifery, 01 February 2015, vol./is. 31/2(274-279), 02666138

Author(s): Petrocnik, Petra, Marshall, Jayne E.

Language: English

Abstract: Background: vaginal birth is often accompanied with perineal trauma that affects postpartum morbidity. There are many techniques for protecting the perineum from injury during childbirth. The Hands-On or Hands Poised (HOOP) study (McCandlish et al., 1998) was the first trial that compared different techniques of perineal protection during the second stage of labour with very little research subsequently being undertaken. Objectives: to systematically review all available literature that compares the hands-on and hands-poised techniques of perineal management during the second stage of labour. Methods: using the principles of a modified systematic literature review, quantitative, comparative and primary research studies were selected. These were assessed for quality using the Critical Appraisal Skills Programme (CASP) framework including a data extraction form. The results were reported narratively. Main results: five studies were included and outlined the importance of both techniques. The hands-poised technique appeared to cause less perineal trauma and reduced rates of episiotomy. The hands-on technique resulted in increased perineal pain after birth and higher rates of postpartum haemorrhage. Conclusion: as the five studies selected for this review have widely differing variables, comparisons that have been drawn must be viewed with caution. Evidence would suggest that the hands-poised technique is a safe and recommended technique for perineal management and discussions of such a technique should be included in all midwifery education and training programmes. The challenge for midwives is how to support women in making informed choices about perineal management during childbirth. Until there is conclusive evidence, the choice of the hands-on or hands-poised technique will ultimately be determined by the clinical judgment of the individual midwife at the time of birth. Further research is recommended.Thorough conclusions could significantly impact on reducing postpartum morbidity and improving women’s sexual health and well-being in the long term, throughout the world.


Citation: Journal of Perinatal & Neonatal Nursing, 01 January 2015, vol./is. 29/1(12-), 08932190

Author(s): Castillo, Melody J., Phillippi, Julia C.

Language: English

Abstract: Hyperemesis gravidarum (HG) is a rare and severe form of nausea and vomiting of pregnancy associated with significant costs and psychosocial impacts. The etiology of HG remains largely unknown, although maternal genetics and placental factors are suspected. Prompt recognition and treatment of HG are essential to minimize associated maternal and fetal morbidity. Diagnosis is made on the basis of typical presentation, with exclusion of other causes of severe nausea and vomiting of pregnancy. Validated clinical tools are available to assess severity of symptoms and guide plans of care. Evidence to guide management of HG is limited, but many
nonpharmacologic and pharmacologic interventions are available with published guidelines to inform implementation. Care of the woman with HG requires compassion and acknowledgement of individual needs and responses to interventions.

**Publication type:** journal article

**Source:** CINAHL

17. Incentives for breastfeeding and for smoking cessation in pregnancy: An exploration of types and meanings.

**Citation:** Social Science & Medicine, 01 March 2015, vol./is. 128/(10-17), 02779536

**Author(s):** Crossland, Nicola, Thomson, Gill, Morgan, Heather, Dombrowski, Stephan U., Hoddinott, Pat

**Language:** English

**Abstract:** Financial or tangible incentives are a strategy for improving health behaviours. The mechanisms of action of incentives are complex and debated. Using a multidisciplinary integrated mixed methods study, with service-user collaboration throughout, we developed a typology of incentives and their meanings for initiating and sustaining smoking cessation in pregnancy and breastfeeding. The ultimate aim was to inform incentive intervention design by providing insights into incentive acceptability and mechanisms of action. Systematic evidence syntheses of incentive intervention studies for smoking cessation in pregnancy or breastfeeding identified incentive characteristics, which were developed into initial categories. Little published qualitative data on user perspectives and acceptability was available. Qualitative interviews and focus groups conducted in three UK regions with a diverse socio-demographic sample of 88 women and significant others from the target population, 53 service providers, 24 experts/decision makers, and conference attendees identified new potential incentives and providers, with and without experience of incentives. Identified incentives (published and emergent) were classified into eight categories: cash and shopping vouchers, maternal wellbeing, baby and pregnancy-related, behaviour-related, health-related, general utility, awards and certificates, and experiences. A typology was refined iteratively through concurrent data collection and thematic analysis to explore participants' understandings of 'incentives' and to compare and contrast meanings across types. Our typology can be understood in three dimensions: the degree of restriction, the extent to which each is hedonic and/or utilitarian, and whether each has solely monetary value versus monetary with added social value. The layers of autonomy, meanings and the social value of incentive types influence their acceptability and interact with structural, social, and personal factors. Dimensions of incentive meaning that go beyond the simple incentive description should inform incentive programme design and are likely to influence outcomes.

**Publication type:** journal article

**Source:** CINAHL

18. Individualised care for women with assisted conception pregnancies and midwifery practice implications: An analysis of the existing research and current practice.

**Citation:** Midwifery, 01 February 2015, vol./is. 31/2(265-270), 02666138

**Author(s):** Younger, Mimi, Hollins-Martin, Caroline, Choucri, Lesley

**Language:** English

**Abstract:** Objective: the aim is to explore the psychosocial needs of women who are pregnant after assisted conception, specifically in vitro Fertilisation and whether their needs are being addressed within the current maternity care service. Design: critical review of the literature using a narrative approach. Findings and key conclusions: 15 papers were identified. These included both qualitative and quantitative studies, literature reviews and surveys. The findings of this limited narrative review imply that women who undergo assistive reproductive techniques to achieve pregnancy have higher levels of anxiety in pregnancy and may have some difficulties in the transition to parenthood leading to perinatal morbidity. It appears that for this group of women it is important that their history in achieving pregnancy is known to the care providers, to enable the alleviation of some of the anxieties they face. Various aspects of antenatal care have been identified as possible areas which if addressed may reduce these levels of anxiety leading to a reduction in perinatal morbidity. Implications for practice: currently, there is insufficient evidence to suggest that providing specialist midwifery care reduces morbidity in these women. However, maternity service providers should consider offering additional antenatal and postnatal services to meet the needs of this group in advance of further research in this area.

**Publication type:** journal article

**Source:** CINAHL

Citation: Advanced Emergency Nursing Journal, 01 January 2015, vol./is. 37/1(30-33), 19314485

Author(s): Hoyt, K. Sue, Sanning Shea, Sheila

Language: English

Abstract: Many pregnancy-related dermatological problems are benign conditions such as melisma or pruritic urticarial papules and plaques of pregnancy and require only conservative measures before spontaneous postpartum resolution. However, intrahepatic cholestasis of pregnancy is one potentially dangerous condition that occurs almost specifically during pregnancy and/or immediately during the postpartum period. Prompt recognition is required to reduce the incidence of fetal complications such as fetal distress, premature birth, or stillbirth.

Publication type: journal article

Source: CINAHL


Citation: Journal of Perinatology, 01 February 2015, vol./is. 35/2(95-98), 07438346

Author(s): Shechter-Maor, G, Haran, G, Sadeh-Mestechkin, D, Ganor-Paz, Y, Feigin, M D, Biron-Shental, T

Language: English

Abstract: Objective: Compare mechanical and pharmacological ripening for patients with oligohydramnios at term. Study design: Fifty-two patients with oligohydramnios ≤ 5 cm and Bishop score ≤ 6 were randomized for labor induction with a vaginal insert containing 10 mg timed-release dinoprostone (PGE2) or double-balloon catheter. The primary outcome was time from induction to active labor. Time to labor, neonatal outcomes and maternal satisfaction were also compared. Result: Baseline characteristics were similar. Time from induction to active labor (13 with PGE2 vs 19.5 h with double-balloon catheter; P=0.243) was comparable, with no differences in cesarean rates (15.4 vs 7.7%; P=0.668) or neonatal outcomes. The PGE2 group had higher incidence of early device removal (76.9 vs 26.9%; P=0.0001), mostly because of active labor or non-reassuring fetal heart rate. Fewer PGE2 patients required oxytocin augmentation for labor induction (53.8 vs 84.6% P=0.034). Time to delivery was significantly shorter with PGE2 (16 vs 20.5 h; P=0.045). Conclusion: Intravaginal PGE2 and double-balloon catheter are comparable methods for cervical ripening in term pregnancies with oligohydramnios.

Publication type: journal article

Source: CINAHL

21. Limiting antenatal weight gain improves maternal health outcomes in severely obese pregnant women: findings of a pragmatic evaluation of a midwife-led intervention.

Citation: Journal of Human Nutrition & Dietetics, 02 January 2015, vol./is. 28/(29-37), 09523871

Author(s): McGiveron, A., Foster, S., Pearce, J., Taylor, M. A., McMullen, S., Langley-Evans, S. C.

Language: English

Abstract: Background Antenatal obesity in pregnancy is associated with complications of pregnancy and poor obstetric outcomes. Although most guidance on pregnancy weight is focused on the prepregnancy period, pregnancy is widely viewed as a period where women are open to lifestyle change to optimise their health. Methods The hospital-based Bumps and Beyond intervention invited all pregnant women with a body mass index (BMI) >35 kg m⁻² to take part in a programme of health education around diet and exercise, accompanied by one-to-one guidance and monitoring of dietary change. This service evaluation compares 89 women who completed at a programme of seven sessions with healthy lifestyle midwives and advisors (intervention) versus a group of 89 women who chose not to attend (non-intervention). Results Mean (SD) weight gain in the intervention group [4.5 (4.6) kg] was less than in the non-intervention group [10.3 (4.4) kg] between antenatal booking and 36 weeks of gestation (< 0.001). This was associated with a 95% reduction in the risk of gestational hypertension during pregnancy and a general reduction in pregnancy complications. There was no effect of the intervention upon gestational diabetes or complications in labour other than post-partum haemorrhage (reduced by 55%). The impact of the intervention on gestational weight gain was greater in women with BMI >40 kg m⁻² at booking. There were no adverse effects of the intervention, even though 21% of the intervention group lost weight during their pregnancy. Conclusions Intensive, personalised weight
management intervention may be an effective strategy for the prevention of hypertensive disorders during pregnancy.

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

**22. Maternal-Fetal Impact of Vitamin D Deficiency: A Critical Review.**
**Citation:** Maternal & Child Health Journal, 01 January 2015, vol./is. 19/1(94-101), 10927875
**Author(s):** Weinert, Leticia, Silveiro, Sandra
**Language:** English
**Abstract:** Research into the extra-skeletal functions of vitamin D has been expanding in recent years. During pregnancy, maternal vitamin D status may be of concern because of the key role of this vitamin in fetal skeletal development and due to the association between hypovitaminosis D and adverse maternal-fetal outcomes. Therefore, the objective of this manuscript was to review the maternal-fetal impact of gestational vitamin D deficiency and the benefits of vitamin D supplementation during pregnancy. A literature search was performed in PubMed and Embase employing the following keywords: vitamin D deficiency, pregnancy, 25-hydroxyvitamin D, and hypovitaminosis D. All relevant articles in English language published since 1980 were analysed by the two authors. Neonatal complications derived from vitamin D deficiency include low birth weight, growth restriction, and respiratory tract infection. In the mother, vitamin D deficiency has been associated with altered glucose homeostasis and increased incidence of gestational diabetes mellitus, pre-eclampsia, and bacterial vaginosis. However, the current state of the evidence is controversial for some other endpoints and the actual benefit of vitamin D supplementation in pregnancy remains unclear. Additional longitudinal studies may clarify the actual impact of vitamin D deficiency during pregnancy, and randomised trials are required to define the benefits of vitamin D supplementation in reducing the incidence of adverse outcomes in the mother and infant.

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

**23. Midwives' experiences with mother-infant skin-to-skin contact after a caesarean section: 'Fighting an uphill battle'.**
**Citation:** Midwifery, 01 January 2015, vol./is. 31/1(215-220), 02666138
**Author(s):** Zwedberg, Sofia, Blomquist, Josefin, Sigerstad, Emelie
**Language:** English
**Abstract:** Objective: to explore midwives’ experiences and perceptions of skin-to-skin contact between mothers and their healthy full-term infants immediately and during the first day after caesarean section. Design: qualitative interviews with semi-structured questions. Setting and participants: eight midwives at three different hospitals in Stockholm participated in the study. All participants provided care for mothers and their newborn infants after caesarean birth. Analysis: transcribed material was analysed and interpreted using qualitative content analysis. The analysis yielded the theme 'fighting an uphill battle'. Findings: skin-to-skin contact was considered to be important, and something that midwives strove to implement as a natural element of postnatal care. However, in daily practice, midwives experienced many obstacles to such care, such as lack of knowledge among parents and other professionals about the benefits of skin-to-skin contact, the mother’s condition after the caesarean section, and other organisational difficulties (e.g. collaboration with other professionals, lack of time). Introducing more skin-to-skin care was a challenge for the midwives, who sometimes felt both dismissed and disapponted when they tried to communicate the benefits of this type of care. Conclusion: skin-to-skin contact is not prioritised because many health care practitioners are unaware of its positive effects, and their care reflects this lack of knowledge. There is a need for education among all health care practitioners involved in caesarean procedures. Another difficulty is that many parents are unaware of the benefits of skin-to-skin contact. Maternity outpatient clinics need to inform parents about the benefits of such care, so mothers will understand the importance of skin-to-skin contact.

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

**24. Misunderstood as mothers: women's stories of being hospitalized for illness in the postpartum period.**
**Abstract:** Aim This paper aims to explore women's experiences with healthcare providers to ascertain ways health care may be improved for women disrupted in their mothering. Background Women can find it difficult to relinquish care even when they are acutely unwell requiring hospitalization. Despite mothering being a priority for women, many healthcare professionals do not understand the importance of continuing to mother during maternal illness. Design This research used a qualitative methodology drawing on principles of feminism and storytelling. Methods Women's stories were collected through face-to-face interviews, email and via the telephone. The twenty-seven women who participated were from either Australia or the USA, had between one and six children and identified themselves as having been disrupted in their mothering by illness. Data were collected in 2011 and were analysed thematically. Findings The majority of participants had been hospitalized at some point in time for acute illness. A subset of participants reported feeling judged by nurses and that their efforts to continue to mother their newborn children despite their illness were misunderstood and not facilitated. Conclusion Findings from this study suggest that women are more likely to remember times that health professionals failed to understand the primacy that mothering held for them or facilitate their efforts to continue to mother despite illness. Nurses and midwives should regularly reflect on their personal values in regard to mothering, validate women's attempts to mother to the best of their ability during illness and find ways to support and empower women in their mothering.

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available EBSCOhost EJS at Journal of Advanced Nursing

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25. NICE and safe staffing: The fight for more midwife-led care

**Citation:** British Journal of Midwifery, Jan 2015, vol. 23, no. 1, p. 8., 0969-4900 (January 2015)

**Author(s):** Mendes, Aysha

**Abstract:** Midwifery is about providing high-quality compassionate care and comfort at one of the most important times in a woman's life. However, factors outside an individual midwife's control can have a major impact on his or her ability to deliver this care. One such factor is the issue of safe staffing, around which there has been much debate, and which the National Institute of Health and Care Excellence (NICE) (2014a) has recently taken steps to address with draft guidance on safe staffing in maternity care. [PUBLICATION] 8 references

**Source:** BNI

**Full text:** Available EBSCOhost at British Journal of Midwifery

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26. Optimal Timing of Delivery in Small for Gestational Age Fetuses Near Term: A National Cohort Study.

**Citation:** American Journal of Perinatology, 01 February 2015, vol./is. 30/2(177-185), 07351631

**Author(s):** Kazemier, B. M., Voskamp, B. J., Ravelli, A. C. J., Pajkrt, E., de Groot, C. J. M., Mol, B. W. J.

**Language:** English

**Abstract:** Objective Our aim was to study the competing risks of antepartum versus intrapartum/ neonatal death in small for gestational age (SGA) and non-SGA fetuses. Study Design We performed a national cohort study using all singletons delivered between 36 and 426/7 weeks without hypertension, preeclampsia, diabetes, congenital anomalies, or noncephalic presentation from the Netherlands Perinatal Registry (1999-2007). The resultant cohort was divided in three groups based on birth weight by gestational age (SGA < P5 group, 61,021 deliveries; SGA P5-10 group, 58,902 deliveries; non-SGA group 1,168,523 deliveries). We compared the mortality risk of delivery with expectant management. Results Delivery was associated with more mortality than expectant management for 1 week from 39 weeks onward in the non-SGA group (relative risk [RR], 1.26; 95% confidence interval [CI], 1.05-1.50). For the SGA < P5, expectant management for 1 more week was associated with more mortality from 38 weeks onward although this only reached statistical significance from 40 weeks onward (RR, 2.46; 95% CI, 1.80-3.36). Conclusion At 36 and 37 weeks, delivery is associated with a higher risk of mortality in SGA < P5 fetuses than expectant management. Delivery of SGA < P5 fetuses at 38 and 39 weeks is associated with the best perinatal outcome whereas for non-SGA fetuses this is at 39 to 40 weeks.

**Publication type:** journal article

**Source:** CINAHL
27. Personality and adolescent pregnancy outcomes.
Citation: Journal of Advanced Nursing, 01 January 2015, vol./is. 71/1(148-159), 03092402
Author(s): Harville, Emily W., Madkour, Aubrey Spriggs, Xie, Yiqiong
Language: English
Abstract: Aims To examine the relationship between personality, pregnancy and birth outcomes in adolescents. Background Personality has been shown to be a strong predictor of many health outcomes. Adolescents who become pregnant have worse birth outcomes than adults. Design Cross-sectional study using data from the National Longitudinal Study of Adolescent Health (baseline, 1994-1995; follow-up, 2007-2008). Methods The study sample was 6529 girls, 820 of whom reported on pregnancy outcomes for a teenage birth. Personality data were taken from the Mini International Personality Item Pool personality tool, which measures the five-factor personality traits of neuroticism, conscientiousness, intellect/imagination, extraversion and agreeableness. Logistic regression was used to predict teen pregnancy and linear regression was used to predict birth weight and gestational age with adjustment for confounders and stratification by race. Results Agreeableness and intellect/imagination were associated with a reduced likelihood of becoming pregnant as an adolescent, while neuroticism, conscientiousness and extraversion were all associated with an increased likelihood of becoming pregnant. Higher neuroticism was associated with lower birth weight and gestational age among Black girls, but not non-Black. Conscientiousness was associated with lower gestational age among non-Black girls. No relationships were found with extraversion or agreeableness and birth outcomes. Receiving late or no prenatal care was associated with higher intellect/imagination. Conclusions Personality is understudied with respect to pregnancy and birth outcomes compared with other health outcomes. Such research could help professionals and clinicians design and target programmes that best fit the characteristics of the population most likely to need them, such as those with high neuroticism.
Publication type: journal article
Source: CINAHL
Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

Citation: Applied Nursing Research, 01 February 2015, vol./is. 28/1(2-9), 08971897
Author(s): LoGiudice, Jenna A.
Language: English
Abstract: Aim: The aim of this meta-synthesis was to glean an understanding of healthcare providers' experience with prenatal screening for intimate partner violence (IPV). Background: Prenatal screening guidelines for IPV are in place; however, a gap exists between these recommendations and providers' practices. Methods: Noblit and Hare's (1988) approach to synthesizing qualitative research studies was utilized. Eight research reports were identified and produced a sample of 142 experienced women's healthcare providers from the United States, New Zealand, and Sweden. Results: The synthesis revealed five overarching themes: (1) therapeutic relationship, (2) understanding what she is not saying, (3) presence of partner, (4) variations of how and when to discuss, and (5) “lost in the maze” of disclosure. When analyzed as a whole, the five themes contribute to a lack of universal screening for IPV. Conclusions: Given that IPV is a social problem with long-term negative sequela, providers are poised to identify women during the perinatal timeframe to ensure adequate referrals and services to stop the cycle of violence.
Publication type: journal article
Source: CINAHL

29. Reducing the incidence of incontinence.
Citation: British Journal of Midwifery, 01 January 2015, vol./is. 23/1(17-20), 09694900
Author(s): McClurg, Doreen, Gerrard, Jacque, Ten Hove, Ruth
Language: English
Abstract: The pelvic floor muscles (PFMs) are the layer of muscles that support the pelvic organs and play an important role in continence. Weakened PFMs will not fully support the internal organs, which can lead to difficulties controlling the release of urine, faeces or flatus and can cause prolapse to occur. Pregnancy and vaginal delivery are a recognised cause of PFM weakness; however, it has been shown that PFM exercises, if carried out correctly and routinely, can reduce the severity of symptoms. Midwives need to be pro-active in teaching PFM exercises and identifying women who may need to be referred for more specialist treatment. We describe an initiative to support midwives with these tasks.
30. Student midwives’ knowledge of perinatal mental health.
Citation: British Journal of Midwifery, 01 January 2015, vol./is. 23/1(32-39), 09694900
Author(s): Jarrett, Patricia
Language: English
Abstract: Background: Psychiatric illness is a leading indirect cause of maternal mortality. Earlier studies suggest serious discrepancies in the training and knowledge of midwives with regard to perinatal mental health. Aims: To explore the knowledge and experience of student midwives in the care of women with perinatal mental health problems. Methods: A modified questionnaire was distributed to student midwives near completion of 3-year and 78-week midwifery programmes. Results: Students often under-estimated the risk of women with existing mental health problems developing a serious mental health problem during pregnancy or in the postpartum period. Students felt ill-prepared and lacked confidence in caring for women with serious mental health problems. Conclusion: Recommendations from the findings of this study indicate (1) a review of undergraduate midwifery education in relation to perinatal mental health is needed; (2) a larger study, involving a more diverse sample of students, would enable generalisation to a wider population.

31. The association of inadequate mid-pregnancy weight gain and preterm birth in twin pregnancies.
Citation: Journal of Perinatology, 01 February 2015, vol./is. 35/2(85-89), 07438346
Author(s): Pettit, K E, Lacoursiere, D Y, Schrimmer, D B, Alblewi, H, Moore, T R, Ramos, G A
Language: English
Abstract: Objective: To determine whether inadequate gestational weight gain in the second trimester in twin pregnancies is associated with an increased risk of preterm birth (PTB) at <32 weeks. Study Design: Retrospective cohort study including 489 twin pregnancies delivered between 2001 and 2013. Rates of weight gain at different gestational ages were compared with Institute of Medicine guidelines. Result: An inadequate rate of weight gain at <20 weeks was not associated with PTB. Patients with inadequate rates of weight gain at 20 to 28 weeks had a higher risk of PTB at <32 weeks (37.6%) compared to those with adequate weight gain (15.2%) (P<0.001). In multivariate analysis, women with inadequate weight gain at 20 to 28 weeks were 2.8 times more likely to deliver at <32 weeks (95% confidence interval 1.65 to 4.81). Conclusion: Inadequate gestational weight gain at 20 to 28 weeks in twin pregnancies was the strongest predictor of PTB at <32 weeks. This represents an optimal time for interventions to improve weight gain and potentially decrease rates of PTB.

32. The clinical implications of placental diagnoses.
Citation: Seminars in Perinatology, 01 February 2015, vol./is. 39/1(2-8), 01460005
Author(s): Redline, Raymond W.
Language: English
Abstract: The clinical utility of placental pathology is both overestimated and underestimated, and the overall quality of placental pathology reporting, even at major medical centers, is highly variable. Clear benefits of examining placentas include the immediate diagnosis of treatable conditions in both the mother and the infant, clarification of the underlying etiology of adverse pregnancy outcomes, estimation of recurrence risk, and guidance for the management of future pregnancies. In order to realize these benefits and get the most out of their pathology departments, it is critical for clinicians to understand the range and implications of placental lesions. This article will review the nomenclature, diagnostic criteria and pitfalls, and clinical significance of seven common placental disease processes and a handful of other lesions.
33. The development of a new breast feeding assessment tool and the relationship with breast feeding self-efficacy.

Citation: Midwifery, 01 January 2015, vol./is. 31/1(132-137), 02666138

Author(s): Ingram, Jenny, Johnson, Debbie, Copeland, Marion, Churchill, Cathy, Taylor, Hazel

Language: English

Abstract: Objective: to develop a breast feeding assessment tool to facilitate improved targeting of optimum positioning and attachment advice and to describe the changes seen following the release of a tongue-tie. Design: development and validation of the Bristol Breastfeeding Assessment Tool (BBAT) and correlation with breast feeding self-efficacy. Setting: maternity hospital in South West England. Participants: 218 breast feeds (160 mother-infant dyads); seven midwife assessors. Findings: the tool has more explanation than other tools to remind those supporting breast-feeding women about the components of an efficient breast feed. There was good internal reliability for the final 4-item BBAT (Cronbach's alpha=0.668) and the midwives who used it showed a high correlation in the consistency of its use (ICC=0.782). Midwives were able to score a breast feed consistently using the BBAT and felt that it helped them with advice to mothers about improving positioning and attachment to make breast feeding less painful, particularly with a tongue-tied infant. The tool showed strong correlation with breast feeding self-efficacy, indicating that more efficient breast feeding technique is associated with increased confidence in breast feeding an infant. Conclusions: the BBAT is a concise breast feeding assessment tool facilitating accurate, rapid breast feeding appraisal, and targeting breast feeding advice to mothers acquiring early breast feeding skills or for those experiencing problems with an older infant. Accurate assessment is essential to ensure enhanced breast feeding efficiency and increased maternal self-confidence. Implications for practice: the BBAT could be used both clinically and in research to target advice to improve breast feeding efficacy. Further research is needed to establish its wider usefulness.

Publication type: journal article

Source: CINAHL

Full text: Available Elsevier at Midwifery

34. The feasibility phase of a community antenatal lifestyle programme [The Lifestyle Course (TLC)] for women with a body mass index (BMI) ≥30 kg/m².

Citation: Midwifery, 01 February 2015, vol./is. 31/2(280-287), 02666138

Author(s): Smith, Debbie M., Taylor, Wendy, Whitworth, Melissa K., Roberts, Stephen, Sibley, Colin, Lavender, Tina

Language: English

Abstract: Introduction: maternal obesity [body mass index (BMI)≥30 kg/m²] is a cause for concern because of increasing rates and risk of associated complications. However, little is known about how to improve the health of women with a BMI≥30 kg/m². Objective and methods: a 10-week antenatal lifestyle programme (The Lifestyle Course -- TLC), underpinned by behaviour change theory, was developed in a programme of research which included a prospective, multicentred, feasibility phase (n=227). Participants had a BMI≥30 kg/m² at the start of their pregnancy, planned to deliver in two areas of Greater Manchester and were aged 18 or over. The objectives were to (1) assess the feasibility of the intervention and (2) to pilot the trial processes and outcome measures. Findings: (1) Trial intervention: only 22% of women in the feasibility phase had received gestational weight advice prior to the study. One or more TLC sessions were attended by 79% of women and 97% said they would recommend TLC to a friend due to the content suitability, perceived personal gains and extra care received. Changes to the TLC were suggested and implemented in the pilot phase. (2) Trial processes: recruitment rates (36%), retention rates (100%) and questionnaire completion rates up to one year (33%) were found. Daily general ‘lifestyle’ diaries and pedometers were not acceptable data collection tools (response rates of 32% and 16% respectively). However, specific food diaries were acceptable (response rates of 80–81%). The major challenge was the collection of maternal weight data at the follow-up points. Conclusions and implications: the antenatal intervention (TLC) designed for this programme of work appears to suit the needs of women with a BMI≥30 kg/m². The need for an antenatal intervention is clear from this study and also highlights reflections on effective communication with pregnant women with a BMI≥30 kg/m². Lessons learnt for designing a future trial include effective ways to communicate with pregnant women with a BMI≥30 kg/m². Trial registration: ISRCTN29860479.

Publication type: journal article

Source: CINAHL
35. Turning the tide of childbirth: Are we still adrift?

**Citation:** British Journal of Midwifery, 01 January 2015, vol./is. 23/1(42-49), 09694900

**Author(s):** Rogers, Cathy, Villar, Rose, Harman, Joan

**Language:** English

**Abstract:** The Birthplace Study should have provided the catalyst to change the planned place of birth for nearly half of the women in England. However 4 years on, only 10% of women give birth in a midwife–led setting. Using the evidence from national studies, new initiatives focusing on improving informed choice and the knowledge and confidence of midwives were implemented in one large maternity unit. The strategies have, in part, been successful, with approximately 30% of local women planning to give birth in a midwifery-led setting. This work has demonstrated the challenging task of changing current perceptions around the safety of planned birth outside an obstetric unit demanding strong leadership supported by an effective marketing campaign. The publication of the recent National Institute for Health and Care Excellence Intrapartum Guidelines should provide further impetus in transforming the culture around childbirth.

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available EBSCOhost at British Journal of Midwifery

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**News**

**Department of Health**

**Children, Families and Maternity e-bulletin – February 2015**

**NHS Choices**

**Peanut butter for non-allergic babies may reduce later allergies**

Tuesday 24th February 2015

"The cure for peanut allergy – peanuts, from the age of four months," says The Guardian. This is dangerous headline advice, potentially leading parents to think they can simply give peanuts to an allergic child and cure them. This is irresponsible. Parents are also advised not to give peanuts – or any whole nuts – to children under the age of five, because of the risk of choking.

**NHS England**

**NHS England announces national review of maternity care**

Tuesday 3rd March 2015

NHS England has today announced details of a major review of the commissioning of NHS maternity services, as promised in the NHS Five Year Forward View. The review will assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies.

**Public Health England**

**Pertussis immunisation in pregnancy: vaccine coverage estimates (England)**

Friday 27th February 2015

Vaccine uptake data and commentary relating to the Pertussis Vaccination Programme for Pregnant Women.

**Vaccine in pregnancy: advice for pregnant women**

Tuesday 24th February 2015

Guidance for health professionals to share with pregnant women immunised with MMR (measles, mumps, rubella), chickenpox or shingles vaccines.

**Pregnant women advised to avoid animals that are giving birth**
Pregnant women who come into close contact with sheep during lambing or other farm animals that are giving birth may risk their own health, and that of their unborn child, from infections that such animals can carry.

Training, Networking, Events and Conferences

Royal College of Midwives

RCM Events

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