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**A mobile prenatal care app to reduce in-person visits: prospective controlled trial.**
Marko KI. *JMIR Mhealth and Uhealth* 2019;7(5):e10520.
[The primary objective of this study was to test the effectiveness of a mobile prenatal care app to facilitate a reduced in-person visit schedule for low-risk pregnancies. Use of the app was associated with reduced in-person visits, and there was no reduction in patient or provider satisfaction.]
*Freely available online*

**Associations between low- and high-dose oral fluconazole and pregnancy outcomes: 3 nested case-control studies.**
[Any maternal exposure to fluconazole during pregnancy may increase risk of spontaneous abortion and doses higher than 150 mg during the first trimester may increase risk of cardiac septal closure anomalies.]
*Freely available online*

**Bariatric surgery is an effective means of improving adverse delivery complications in term births.**
Gordon C. *Evidence-Based Nursing* 2019;22(2):60.
[Post bariatric surgery, women were found to be less likely to have a caesarean section, and this was especially notable with emergency caesareans. In addition, this same group of women had a substantially lower risk of post-term pregnancy and were less likely to have an instrumental delivery, induction of labour, epidural anaesthesia, obstetric anal sphincter injury and postpartum haemorrhage and other birth complications such as labour dystocia, fetal distress and peripartum infection.]
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**Chiropractic care of the pregnant woman and neonate.**
[The history and values of the chiropractic profession are part of the complementary and alternate medicine model. Chiropractic care in pregnancy is used for relief of back pain, turning breech presenting fetuses, and treatment of colic, breastfeeding and constipation issues in the neonate.]
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**Clinical management of females seeking fertility treatment and of pregnant females with eating disorders.** [Review]
[The presence of eating disorders might have a significant impact upon pregnancy, birth, and the offspring’s well-being. Here, based on currently available evidence on the topic, specific clinical recommendations are presented. Treatment by a mental health professional may be necessary for pregnant females suffering from acute EDs or prior to fertility treatment. The necessity and drawbacks of fertility treatments in females with EDs are discussed.]

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**Giving midwives some ‘me’ time.**  
[Although the midwife’s role is to care for others, it is important that they also know how to care for themselves. The author explains why ‘me’ time for midwives is so important.]

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**Grounded theory approach describes individual and external factors implicated in processing a work-related traumatic event in midwives and obstetricians.**  
[A conceptual model is presented, describing the factors implicated in the process of ‘regaining a professional self-image’, determined in part by three external factors: depending on the patients’ reaction, searching for collegial acceptance and fearing the verdict. Three internal factors were also reported: fighting guilt and shame, accepting vulnerability and contemplating work-future.]

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**Guided imagery for treating hypertension in pregnancy.**  
Haruna M. *Cochrane Database of Systematic Reviews* 2019;4:CD011337.  
[Hypertension (high blood pressure) in pregnancy carries a high risk of maternal morbidity and mortality. Although antihypertensive drugs are commonly used, they have adverse effects on mothers and fetuses. Guided imagery is a non-pharmacological technique that has the potential to lower blood pressure among pregnant women with hypertension. Guided imagery is a mind-body therapy that involves the visualisation of various mental images to facilitate relaxation and reduction in blood pressure.]

**Is supine exercise associated with adverse maternal and fetal outcomes? A systematic review.**  
[There was insufficient evidence to ascertain whether maternal exercise in the supine position is safe or should be avoided during pregnancy.]

Freely available online

**Maternity and postpartum care: perspectives.**  
Heale R. *Evidence-Based Nursing* 2019;22(2):42.  
[Maternity and postpartum are unique periods in a woman’s lifespan. The complexity of each part of the process from pregnancy to postpartum and beyond has created many challenges for nurses. Published in 2001, the article ‘Maternal-newborn nursing: Thirteen challenges that influence excellence in practice’ categorises the issues faced by nurses today and offers insight with respect to
the themes presented here. ]

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**Monthly sulfadoxine-pyrimethamine versus dihydroartemisinin-piperaquine for intermittent preventive treatment of malaria in pregnancy: a double-blind, randomised, controlled, superiority trial.**
[Monthly intermittent preventive treatment with dihydroartemisinin-piperaquine was safe but did not lead to significant improvements in birth outcomes compared with sulfadoxine-pyrimethamine.]

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**Patient reported outcome measures for use in pregnancy and childbirth: a systematic review.**
[To date, there is no PROM agreed which would be suitable as patient reported outcome measure for the assessment of the quality of care women receive during pregnancy or after childbirth. However, there are a variety of available assessment tools which could potentially be helpful in developing new and existing PROMs for maternity care.]

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**Physical activity in pregnancy: practical advice for women who run.**
[Running is a sport enjoyed by many women across the globe; however, there is little guidance regarding the specific needs of women who run during and after pregnancy. This article explores the guidance regarding physical activity for the general non-pregnant population and relates it to what is available for women who are pregnant. It also remarks on the contraindications to physical activity during pregnancy.]

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**Policy, evidence and practice for post-birth care plans: a scoping review.**
[The review revealed that post-birth care planning is promoted extensively in health policy and there is emergent evidence for its implementation. Yet there is a paucity of practice examples and only one evaluation in the UK. The review identified four overarching themes: ‘Positioning of post-birth care planning in policy’; ‘Content and approach’; ‘Personalised care and relational continuity’; ‘Feasibility and acceptability in practice’.]

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**Pregnancy-specific health anxiety: symptom or diagnosis?**
[Anxiety is an innate human response to situations that cause fear, worry or concern. One such type is health anxiety. Health anxiety is a term derived from hypochondriasis and divided into two disorders: illness anxiety disorder and somatic symptom disorder. Symptoms can range from mild-to-moderate expressions of worry to clinical diagnoses. Previous research has shown pregnancy-specific anxiety to be an autonomous anxiety disorder.]
[This paper considers the latest evidence in relation to treatment options in the management of pregnancies at risk of Fetal neonatal alloimmune thrombocytopenia (FNAIT) ... we discuss the role of screening, when IVIg should be started, what dose should be used, and what evidence there is for maternal steroids ... we consider the approaches to blood testing mothers to tell if babies are at risk, which is offered in some countries, and development of new treatments to reduce the risk of FNAIT.]

Prophylactic oxytocin for the third stage of labour to prevent postpartum haemorrhage.
Salati JA. Cochrane Database of Systematic Reviews 2019;4:CD001808.
[Active management of the third stage of labour reduces the risk of postpartum blood loss (postpartum haemorrhage (PPH)), and is defined as administration of a prophylactic uterotonic, early umbilical cord clamping and controlled cord traction to facilitate placental delivery. The choice of uterotonic varies across the globe and may have an impact on maternal outcomes. This is an update of a review first published in 2001 and last updated in 2013.]

Recent data indicate that black women are at greater risk of severe morbidity and mortality from postpartum haemorrhage, both before and after adjusting for comorbidity.
Caldwell C J. Evidence-Based Nursing 2019;22(2):57.
[The findings showed significantly higher risks for severe morbidity and mortality from PPH for black women. Risks for severe morbidity were 24% higher for black women and risk of death was approximately five times higher compared with white women. Because the type of data used for analysis in this study has been derived from administrative databases, the reasons for these disparities are difficult to ascertain but are likely to include factors relating to quality of care.]

Should midwives learn to scan for presentation? Findings from a large survey of midwives in the UK
[Undiagnosed breech presentation in labour is associated with fetal morbidity and mortality, and may cause significant maternal anxiety. With increasing availability of scan machines, ultrasound is now widely used in UK maternity settings. Bedside presentation scans are usually undertaken by junior doctors, often leading to delays and frustration among staff and patients. This survey aimed to assess local practices and attitudes towards midwives scanning for presentation.]

Support during pregnancy for women at increased risk of low birthweight babies.
East CE. Cochrane Database of Systematic Reviews 2019;4:CD000198.
[Many countries have programmes offering special assistance to women thought to be at risk for
giving birth to a low birthweight infant. These programmes, collectively referred to in this review as additional social support, may include emotional support, which gives a person a feeling of being loved and cared for, tangible/instrumental support, in the form of direct assistance/home visits, and informational support, through the provision of advice, guidance and counselling.

**Uterotonic drugs to prevent postpartum haemorrhage: a network meta-analysis.**
Gallos I. *Health Technology Assessment* 2019;23(9):https://doi.org/10.3310/hta23090.
[Ergometrine plus oxytocin, misoprostol plus oxytocin and carbetocin were more effective for preventing postpartum haemorrhage than the standard oxytocin, but ergometrine plus oxytocin and misoprostol plus oxytocin caused significant side effects.]
*Freely available online*

**What helped and hindered implementation of an intervention package to reduce smoking in pregnancy: process evaluation guided by normalization process theory.**
[Smoking in pregnancy causes harm to mother and baby. Despite evidence from trials of what helps women quit, implementation in the real world has been hard to achieve. An evidence-based intervention, babyClear®, involving staff training, universal carbon monoxide monitoring, opt-out referral to smoking cessation services, enhanced follow-up protocols and a risk perception tool was introduced across North East England.]

**Women who experience threatened preterm labour need early and accurate assessment, a clear management plan and continuity of care to reduce stress and anxiety.**
Gordon C. *Evidence-Based Nursing* 2019;22(2):61.
[Four themes emerged from the interviews: coping with uncertainty, dealing with conflicts, aspects of care and interactions with the professionals. Women considered to be at high risk of preterm birth reported receiving more consistent advice than their low-risk counterparts. Both groups of women, irrespective of risk, reported that they found the management of their care to be both a help and a hindrance when trying to cope with feelings of anxiety during a very uncertain period.]
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**Evidence Searches**

**Routine vaginal swabbing (testing for strep B) in women who have premature babies.**
Carried out by Lisa Burscheidt from Aubrey Keep on 9/5/2019
[At the moment, UK guidelines say that routine testing for strep B for all pregnant women is not recommended. However, the evidence base for this is of very low quality. The Australian and US guidelines recommend strep B testing for all women who have risk factors including premature labour, and intrapartum prophylaxis for any woman whose GBS status is unknown or positive.

I have included a handful of primary research articles that were more recent than the guidelines.]
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Guidelines

The following new guidance has recently been published:

**What’s New: Trial of labor after a previous cesarean in twin pregnancies**

UpToDate;2019. [Link](https://www.uptodate.com/contents/twin-pregnancy-labor-and-delivery?sectionName=Trial%20of%20labor%20after%20a%20previous%20cesarean%20delivery&topicRef=8350&anchor=H16&source=see_link&mkt_tok=eyJpIjoiTnprek1UazVZMkZoWW1abCIsInQiOiJQWkFvB3dXaWNrZ29ycyJoUmFucy8iLCJcIjoidG5iX2ZhaWxldGlvb24ifQ%3D%3D&search retirees&topicRef=8350&anchor=H16&source=see_link&mkt_tok=eyJpIjoiTnprek1UazVZMkZoWW1abCIsInQiOiJQWkFvB3dXaWNrZ29ycyJoUmFucy8iLCJcIjoidG5iX2ZhaWxldGlvb24ifQ%3D%3D&search retirees&topicRef=8350&anchor=H16&source=see_link&mkt_tok=eyJpIjoiTnprek1UazVZMkZoWW1abCIsInQiOiJQWkFvB3dXaWNrZ29ycyJoUmFucy8iLCJcIjoidG5iX2ZhaWxldGlvb24ifQ%3D%3D#H16) [Expanded]

[Compared with women with twin pregnancies undergoing elective repeat cesarean delivery, women with twins undergoing TOLAC had a higher rate of uterine rupture. Rates of uterine scar dehiscence, hemorrhage, blood transfusion, and neonatal morbidity and mortality were similar for the TOLAC and cesarean groups. UpToDate offer TOLAC to women with twin pregnancies and one prior cesarean delivery, but we generally recommend repeat cesarean delivery for those with more than one previous cesarean.]

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**What’s New: Levothyroxine for TPO-positive euthyroid women with infertility or history of miscarriage**

UpToDate;2019. [Link](https://www.uptodate.com/contents/overview-of-thyroid-disease-and-pregnancy?sectionName=Effect%20of%20T4%20treatment&search=Levothyroxine%20for%20TPO-positive%20euthyroid%20women%20with%20infertility%20or%20history%20of%20miscarriage&topicRef=8354&anchor=H2636131994&source=see_link&mkt_tok=eyJpIjoiWVRkaE5UZGtNRFl3T1RsbCIslnQiOiJpM1dYcTFvZGpKamU2MWtQTG1cLzRkTTZkTWRWVURFehFsVEDqeEZiZDlwZDkycGdFUkZu5mgrRkpCMzExMUhsZXJfZHIVGVM1QU5Oa1k2amxcL09MK1NIK0pjBG1uQzNHRHNMb2NMYzZSXc9pOXZxbHUzdzGRDjmUSTpcEdDNIzLBcJ9#H2636131994) [Expanded]

[Since carefully monitored thyroid hormone treatment is safe, some UpToDate experts offer levothyroxine to selected TPO-positive euthyroid women prior to conception based on clinical characteristics (eg, history of miscarriage, preference for intervention, TSH >2.5 mU/L). See 'Overview of thyroid disease and pregnancy', section on 'Effect of T4 treatment'.]

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Reports

The following report(s) may be of interest:

**No clear evidence hormone treatment in early pregnancy helps prevent miscarriage.**

This recent study included more than 4,000 UK women randomised to progesterone or placebo. The main finding was that progesterone did not make a significant difference to the number of women who went on to have a baby, which was 75% of the progesterone group and 72% of the placebo group. Delving into the results, researchers found that progesterone might be helpful for women who’d had 3 or more previous miscarriages – but this was based on a small number of women.

Freely available online

**Singing speeds up recovery from postnatal depression faster than usual care.**
The Mental Elf; 2019.  
[https://www.nationalelfservice.net/populations-and-settings/perinatal-mental-health/singing-postnatal-depression/](https://www.nationalelfservice.net/populations-and-settings/perinatal-mental-health/singing-postnatal-depression/)  
[Saoirse Finn writes a #LetsTalkMentalHealthII blog about group singing for women with postnatal depression.]  
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**ClinicalKey – available with an NHS OpenAthens Account**

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The joint campaign from CILIP and Health Education England
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