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**Accuracy of a mixed effects model interpolation technique for the estimation of pregnancy weight values.**
Darling AM. *Journal of Epidemiology & Community Health* 2019;73(8):786-792.
[Interpolation of missing weight values is sometimes used in studies of gestational weight gain, but the accuracy of these methods has not been established. Our objective was to assess the accuracy of estimated weight values obtained by interpolating from the nearest observed weight values and by linear and spline regression models when compared with measured weight values.]
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**Care of Women Presenting with Suspected Preterm Prelabour Rupture of Membranes from 24+0 Weeks of Gestation: Green-top Guideline No. 73.**
Thomson AJ. *BJOG* 2019;:--.
[This guideline comprises recommendations relating to the diagnosis, assessment, care and timing of birth of women presenting with suspected PPROM from 24+0 to 36+6 weeks of gestation. It also addresses care in a subsequent pregnancy. An infographic and audio version to supplement this guideline are available online (Infographic S1, Audio S1). It supplements NICE guideline (NG25), Preterm labour and birth (published November 2015).]

**Diabetes in pregnancy: a practical guide for midwives.**
Surendran A. *British Journal of Midwifery* 2019;27(7):413-419.
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**Expanding midwifery’s role to improve perinatal mental healthcare access.**
Dennis C L. *Evidence-Based Nursing* 2019;22(3):72.
[Supply-side access barriers included problems with how visible services are to midwifery clients, acceptability of need for service and problems with availability. Demand-side barriers included a lack of perceived need for mental healthcare and decreased ability to seek care.]
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**Impact of stigma on the care of postpartum women with severe mental illness.**
Rodger D. *Evidence-Based Nursing* 2019;22(3):81.
[Increased professional stigma towards postpartum women with SMI was positively correlated with an increase in negative attitudes about their parenting skills and ability to provide for the physical needs of their infant. These attitudes led nurses to embrace a more paternalistic approach to women with SMI. Nurses perceived that their care for these women was inadequate and believed that the input of mental health professionals was required.]
Intermittent auscultation fetal monitoring during labour: A systematic scoping review to identify methods, effects, and accuracy.
Blix E. *PLOS One* 2019; doi.org/10.1371/journal.pone.0219573.
[Although IA is the recommended method, no trials have been published that evaluate protocols on how to perform it. Nor has any study assessed interrater agreements regarding interpretations of IA findings, and few have assessed to what degree clinicians can describe FHR patterns detected by IA. We found no evidence to recommend Doppler device instead of the Pinard for IA, or vice versa.]
Freely available online

Low-dose aspirin as a promising agent for the prevention of spontaneous preterm birth.
Landman A J E M C. *Evidence-Based Nursing* 2019;22(3):82-83.
[A total of 2543 women were included of which 1262 received 60 mg aspirin and 1281 placebo. Spontaneous preterm birth
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[Maternal anemia is a well-recognized global health problem; however, there remain questions on specific hemoglobin thresholds that predict health risk or protection for mother and child. Our objective was to conduct a systematic review and meta-analysis to examine the associations of maternal hemoglobin concentrations with a range of maternal and infant health outcomes.]
Freely available online

Medical treatment for early fetal death (less than 24 weeks).
Lemmers M. *Cochrane Database of Systematic Reviews* 2019;6:CD002253.
[In most pregnancies that miscarry, arrest of embryonic or fetal development occurs some time (often weeks) before the miscarriage occurs. Ultrasound examination can reveal abnormal findings during this phase by demonstrating anembryonic pregnancies or embryonic or fetal death. Treatment has traditionally been surgical but medical treatments may be effective, safe, and acceptable, as may be waiting for spontaneous miscarriage. This is an update of a review first published in 2006.]

Mental health, social inclusion and the development of vocational services in the NHS – what can be learnt?"
[SLAM author Mark Bertram describes the learning from a historical NHS vocational service development that focused on: mental health, employment and social inclusion – in an inner city area – involving service users, staff and commissioners.]
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Provision and uptake of routine antenatal services: a qualitative evidence synthesis.
Antenatal care (ANC) is a core component of maternity care. However, both quality of care provision and rates of attendance vary widely between and within countries. Qualitative research can assess factors underlying variation, including acceptability, feasibility, and the values and beliefs that frame provision and uptake of ANC programmes.

**Secondary analysis of the WOMAN trial to explore the risk of sepsis after invasive treatments for postpartum hemorrhage.**
[In this secondary data analysis, certain invasive treatments for postpartum hemorrhage appear to increase the risk of sepsis. Further research is needed to confirm this finding and investigate the role of prophylactic antibiotics during these procedures. The harms and benefits of such interventions must be carefully weighed, both in treatment guidelines and during individual patient management.]

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**Smoking and pregnancy.**
Winter GF. *British Journal of Midwifery* 2019;27(7):463.
[Although the evidence shows the benefits of smoking cessation, there are still barriers to successful interventions.]

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**Thyroxine replacement for subfertile women with euthyroid autoimmune thyroid disease or subclinical hypothyroidism.**
Akhtar MA. *Cochrane Database of Systematic Reviews* 2019;6:CD011009.
[Subclinical hypothyroidism is diagnosed by an elevated thyroid-stimulating hormone concentration with a normal concentration of free thyroxine hormone. Autoimmune thyroid disease (ATD) is diagnosed by the presence of thyroid autoantibodies, regardless of thyroid hormone levels. Thyroxine may be a useful treatment for subfertile women with these two specific types of thyroid disease for improving pregnancy outcomes during assisted reproduction.]

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**Understanding normal progress in pregnancy and the postnatal period.**
[Key points: Maternity support workers (MSWs) assist midwives to give care to women in pregnancy and the postpartum period. Complications may arise in a few women and the early signs may be subtle and easily missed. An awareness of how pregnancy and the postnatal period normally progress can help maternity support workers to identify when problems may be arising. By alerting the midwife to a potential problem, more serious complications may be averted.]

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**Using a transcervical Foley catheter to enhance normality for induction of labour.**
Acheson M. *British Journal of Midwifery* 2019;27(7):443-452.
[Vaginal prostaglandins are the most widely used method of labour induction in the UK. The rise in the number of women undergoing induction of labour requires the exploration of alternative, safe and holistically effective methods. This study aimed to determine if a transcervical Foley catheter
could enhance normality and improve induction outcomes. Four primary peer-reviewed articles were systematically reviewed to evaluate the effectiveness, safety and labour outcomes of the Foley catheter.]

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**What matters to women and healthcare providers in relation to interventions for the prevention of postpartum haemorrhage: A qualitative systematic review.**


[Based on stakeholder views and experiences, PPH prevention strategies are more likely to be successful where all stakeholders agree on the causes and consequences of severe postpartum blood loss, especially in the context of sufficient resources and effective implementation by competent, suitably trained providers.]

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**Clinical obstetrics & gynaecology.**


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**Safety training for obstetric emergencies: the OB F.A.S.T approach.**


[Developed to improve patient safety during labor and delivery, the OB F.A.S.T. (Obstetrical Feasible Approach to Safety Training) simulation program is a proven, award-winning resource is designed for all members of the interdisciplinary obstetrics team to use together.]

Available with appropriate registration or membership

**Guidelines**

*The following new guidance has recently been published:*

**Hypertension in pregnancy: diagnosis and management.**

National Institute for Health and Care Excellence (NICE);2019.  
[https://www.nice.org.uk/guidance/ng133][1]  
[This guideline covers diagnosing and managing hypertension (high blood pressure), including pre-eclampsia, during pregnancy, labour and birth. It also includes advice for women with hypertension who wish to conceive and women who have had a pregnancy complicated by hypertension. It aims to improve care during pregnancy, labour and birth for women and their babies.]

Freely available online

**Magnesium sulfate: risk of skeletal adverse effects in the neonate following prolonged or repeated use in pregnancy.**

Medicines and Healthcare Products Regulatory Agency (MHRA);2019.
Drug Safety Update. Maternal administration of magnesium sulfate for longer than 5–7 days in pregnancy has been associated with skeletal adverse effects and hypocalcaemia and hypermagnesemia in neonates. If use of magnesium sulfate in pregnancy is prolonged or repeated, consider monitoring of neonates for abnormal calcium and magnesium levels and skeletal adverse effects.

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Reports

The following report(s) may be of interest:

**Placental growth factor testing can speed up diagnosis of pre-eclampsia.**
NIHR Dissemination Centre; 2019.
https://discover.dc.nihr.ac.uk/content/signal-000787/pre-eclampsia-diagnosis-sooner-by-testing-placental-growth-factor

[NIHR Signal. Measuring the level of placental growth factor (PIGF) in women with suspected pre-eclampsia helps to reduce the time to diagnose pre-eclampsia from 4 days to 2 days. PIGF testing is also associated with fewer adverse outcomes for mothers. In this NIHR-funded trial, the test results were used alongside the NICE clinical management algorithm to help clinicians make a diagnosis.]

Freely available online

**Routine use of progesterone does not prevent miscarriage.**
NIHR Dissemination Centre; 2019.
https://discover.dc.nihr.ac.uk/content/signal-000792/miscarriage-not-prevented-by-routine-use-of-progesterone

[NIHR Signal. This NIHR-funded trial included over 4,000 women from across the UK. They were assigned to twice-daily vaginal progesterone (400mg twice daily) or placebo until 16 weeks of pregnancy. Live birth rates were 72% with placebo and 75% with progesterone, which is not a clinically or statistically important difference. A subgroup analysis did find that progesterone improved the chance of live birth amongst 285 women with three or more previous miscarriages (72% vs 57% with placebo).]

Freely available online

**US FDA approves brexanolone, the first drug approved specifically to treat postpartum depression.**
BMJ Best Practice; 2019.
https://bestpractice.bmj.com/topics/en-gb/512

[BMJ Best Practice update. The US Food and Drug Administration (FDA) has approved brexanolone - the first-ever approval of a drug specifically to treat postnatal depression. Brexanolone is a synthetic version of the natural neurosteroid allopregnanolone, and binds to gamma-aminobutyric acid (GABA) type A receptors. Brexanolone is given by continuous intravenous infusion over a total of 60 hours (2.5 days).]

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