

# Current awareness for Midwifery

## Recent guidelines, reports and articles

April 2021

### Guidelines

*The following guideline(s) maybe of interest:*

#### [Caesarean birth.](#)

National Institute for Health and Care Excellence (NICE); 2021.

<https://www.nice.org.uk/guidance/qs32>

[This quality standard covers the care of women who are considering having or may need to have a caesarean birth, including those who have had a caesarean birth in the past. In March 2021, this quality standard was updated to align with the updated NICE guideline on caesarean birth. Terminology and definitions have been updated and statement 7 was removed.]

*Freely available online*

#### [Caesarean birth.](#)

National Institute for Health and Care Excellence (NICE); 2021.

<https://www.nice.org.uk/guidance/ng192>

[This guideline covers when to offer caesarean birth, discussion of caesarean birth, procedural aspects of the operation, and care after caesarean birth. It aims to improve the consistency and quality of care for women who are thinking about having a caesarean birth or have had a previous caesarean birth and are pregnant again. The guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth.]

*Freely available online*

#### [Dosing and monitoring for treatment of Vitamin D deficiency in pregnancy.](#)

Specialist Pharmacy Service (SPS); 2021.

<https://www.sps.nhs.uk/articles/dosing-and-monitoring-for-treatment-of-vitamin-d-deficiency-in-pregnancy/>

[Effective treatment of vitamin D deficiency in pregnancy requires consideration of treatment regimens, monitoring, and preferred forms of vitamin D.]

*Freely available online*

### Reports

*The following report(s) may be of interest:*

#### [Does ursodeoxycholic acid have a role in the treatment of women with intrahepatic \(obstetric\) cholestasis of pregnancy anymore?](#)

Muriithi FG. *BMJ Evidence-Based Medicine* 2021;26(2):69-70.

[Ursodeoxycholic acid does not reduce the incidence of stillbirth or spontaneous preterm birth or neonatal unit admission. Use of ursodeoxycholic acid for the management of patients with obstetric cholestasis is not evidence-based and its use for this purpose should be reconsidered. Clinical practice guidelines should be revised to reflect the

firm evidence of no benefit as per the PITCHES trial findings.]

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### **[Mental health in the COVID-19 pandemic: recommendations for prevention](#)**

Mental Health Foundation (MHF); 2021.

<https://www.mentalhealth.org.uk/sites/default/files/MHF%20Mental%20Health%20in%20the%20COVID-19%20Pandemic.pdf>

[While there is no vaccine for mental distress, much can be done to prevent mental health problems; well-evidenced solutions are at hand. Drawing on experience in the prevention of mental health problems and promotion of mental wellbeing, the Mental Health Foundation has identified specific actions that governments and other actors can take to minimise the risk of widespread and long-term mental health problems as a result of the pandemic.]

*Freely available online*

### **[National Response to the First Ockenden Report.](#)**

NHS England & NHS Improvement; 2021.

<https://www.england.nhs.uk/wp-content/uploads/2021/03/agenda-item-9.1.1-national-response-first-ockenden-report.pdf>

[A description of the work in place since publication of the Ockenden report (11 December 2020) and the 7 “Immediate and Essential Actions” (IEAs) to improve care and safety in all maternity services. Progress is described in Annex A. Line of sight from trust level response to the Ockenden Report is described in Annex B.]

*Freely available online*

### **[Safer maternity care: progress report 2021.](#)**

NHS England & NHS Improvement; 2021.

<https://www.england.nhs.uk/wp-content/uploads/2021/03/agenda-item-9.4-safer-maternity-care-progress-report-2021-amended.pdf>

[An update on progress of the Maternity Transformation Programme and the five elements of the National Maternity Safety Ambition.]

*Freely available online*

### **[Statistics on Women's Smoking Status at Time of Delivery: England - Quarter 3, 2020-21.](#)**

NHS Digital; 2021.

<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england/statistics-on-womens-smoking-status-at-time-of-delivery-england---quarter-3-2020-21/>

[This report presents statistics on mother’s smoking status at time of delivery, at Clinical Commissioning Group (CCG), Sustainability and Transformation Partnership (STP), Region and national levels. This release includes provisional data for quarter 3 of 2020-21.]

*Freely available online*

### **[THE COVID DECADE: Understanding the long-term societal impacts of COVID-19](#)**

British Academy; 2021.

<https://www.thebritishacademy.ac.uk/documents/3238/COVID-decade-understanding-long-term-societal-impacts-COVID-19.pdf>

[This report draws together evidence across a wide range of areas on the societal impact of the pandemic. It shows that COVID-19 has generated a series of social, economic and cultural effects which will have long-term impacts. However, it is not just a case of the pandemic making existing problems worse. It has also exposed areas of strength, resilience, creativity and innovation. The BA hopes this evidence base will be a useful resource for policymakers, civil society, media and others.]

*Freely available online*

## **Articles**

*The following articles maybe of interest:*

### **[Continued versus discontinued oxytocin stimulation in the active phase of labour \(CONDISOX\): double blind randomised controlled trial.](#)**

Boie S. *BMJ* 2021;373:n716.

[In a setting where monitoring of the fetal condition and the uterine contractions can be guaranteed, routine discontinuation of oxytocin stimulation may lead to a small increase in caesarean section rate but a significantly reduced risk of uterine hyperstimulation and abnormal fetal heart rate patterns.]

### **[Does interprofessional team-training affect nurses' and physicians' perceptions of safety culture and communication practices? Results of a pre-post survey study.](#)**

Schmidt J. *BMC Health Services Research* 2021;21(1):341.

[This study suggest that interprofessional team-trainings of a small group of professionals can successfully be transferred into clinical practice and indicates the importance of safety culture aspects for such transfer processes. Thus, we recommend the consideration of safety culture aspects before starting a training intervention.]

### **[Enigma of maternity service safety improvements and increasing expression of patient dissatisfaction.](#)**

Sholapurkar S. *British Journal of Midwifery* 2021;29(4):194-198.

[There have been gradual and continual improvements in maternity care in the UK. This has been paradoxically accompanied by increasing censure by authorities for adverse outcomes and public expression of dissatisfaction. Serious maternal and perinatal adverse outcomes have a devastating effect. Grieving families need an honest explanation, continued support and reassurance that lessons are being sought and learnt.]

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### **[Gestational diabetes. \[Comment\]](#)**

Winter G. *British Journal of Midwifery* 2021;29(4):234.

[Revisiting the risks associated with gestational diabetes mellitus in pregnancy during COVID-19. Type 2 diabetes (T2D) and hypertension are the commonest comorbidities in patients with SARS-CoV-2, and Bornstein et al (2020) draw attention to emerging evidence for a direct metabolic and endocrine link to the disease process.]

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### **[Part 1: COVID-19 and knowledge for midwifery practice—impact and care of pregnant women.](#)**

Green J. *British Journal of Midwifery* 2021;29(4):224-231.

[The emergence of viral diseases, such as COVID-19, represents a global public health threat, particularly the high-impact animal viruses that have switched hosts and are able to be transmitted within human populations. Pandemics threaten the general population; however, there are special groups, such as pregnant women and their babies, which may be at a higher risk of, or more severely affected by infection.]

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### **[Part 1: exploring views from fathers and perinatal practitioners on the inclusion of fathers by perinatal services.](#)**

Fenton S. *British Journal of Midwifery* 2021;29(4):208-215.

[This is the first of a two-part series exploring father's inclusion in the perinatal years. Part 2 will explore the results of the study and discuss in relation to previous literature and to professional practice. Positive father involvement during the perinatal period has important implications for families. However, previous research suggests that fathers experience marginalisation, while staff report a lack of training and time for engaging fathers.]

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### **[Physical activity in pregnancy prevents gestational diabetes: a meta-analysis.](#)**

Doi SAR. *Diabetes Research and Clinical Practice* 2020;:DOI:<https://doi.org/10.1016/j.diabres.2020.108371>.

[AIMS: The effectiveness of physical activity (PA) programs for prevention of gestational diabetes (GDM) lacks conclusive evidence. The aim of this study was to generate clear evidence regarding the effectiveness of physical activity programs in GDM prevention to guide clinical practice. CONCLUSIONS: This study provides evidence that in-facility physical activity programs started before the 20th week of gestation can significantly decrease the incidence of GDM among women at high risk.]

*Contact the library for a copy of this article*

### **[Playing on uneven playing fields: low income, parental stress and maternal depression.](#)**

The Mental Elf; 2021.

<https://www.nationalelfservice.net/populations-and-settings/parenting/parental-stress-maternal-depression/>

[Aggelos Stamos reviews a cross-sectional Canadian study that explores the links between low socioeconomic status, parental stress, maternal depression, and the mediating role of social capital in mothers.]

*Freely available online*

**[Professional courage to create a pathway within midwives' fields of work: a grounded theory study.](#)**

Hansson M. *BMC Health Services Research* 2021;21(1):312.

[In order to promote a healthy workplace, it is necessary to consider the facilitating conditions that contribute to a sustainable working life. Therefore, the aim of this study was to explore health-promoting facilitative conditions in the work situation on labour wards according to midwives. Professional courage was required to create a pathway within midwives' fields of work, to move freely depending on what actions were needed in a particular work situation.]

**[Social culture and the bullying of midwifery students whilst on clinical placement: a qualitative descriptive exploration.](#)**

Capper T. *Nurse Education in Practice* 2021;52:103045.

[The context within which midwifery students are professionally socialised is thought to impact upon the development of their sense of belongingness, their attitudes and values, and their commitment to the midwifery profession. Negative forms of socialisation are known to lead to undesirable outcomes including desensitisation about humanistic needs.]

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**[Widening inequalities should galvanise action across systems. \[Comment\]](#)**

Delap N. *British Journal of Midwifery* 2021;29(4):232.

[reflects on the inequalities highlighted by the latest reports from MBRRACE-UK. Once again, the latest MBRRACE-UK reports on maternal mortality rates, stillbirths and neonatal deaths during 2016-2018 have highlighted significant and growing inequalities stemming from deprivation and disadvantage. The deeply concerning evidence about these deaths should not be a surprise; these inequalities have been known and written about for many years.]

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**[Women's views on the visiting restrictions during COVID-19 in an Irish maternity hospital.](#)**

Cullen S. *British Journal of Midwifery* 2021;29(4):216-223.

[Due to the coronavirus infection, visitors to all hospitals were greatly restricted in the UK. In maternity hospitals, only partners of women in labour were permitted to attend the hospital. This study aimed to gain an understanding of women's experiences of visiting restrictions imposed due to COVID-19. Women who attended the hospital for outpatient appointments and who were inpatients on the antenatal or postnatal ward during a two-week period were asked to complete an anonymous survey.]

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