

Current awareness for Midwifery

Recent guidelines, reports and articles

December 2019 - January 2020

Reports

The following reports may be of interest:

[AmnioSense for unexplained vaginal wetness in pregnancy: Medtech innovation briefing.](#)

National Institute for Health and Care Excellence (NICE); 2019.

<https://www.nice.org.uk/advice/mib198>

The technology described in this briefing is AmnioSense. It is used for identifying leaking amniotic fluid in pregnant women with unexplained vaginal wetness. The innovative aspects are that AmnioSense is a non-invasive test that uses a pH-dependent colour changing strip to identify amniotic fluid. The test can be used in a clinical or home environment. The intended place in therapy would be as well as standard care in pregnant women with unexplained vaginal wetness. *Freely available online*

[How can nausea and vomiting be treated during pregnancy?](#)

Specialist Pharmacy Service (SPS); 2019.

<https://www.sps.nhs.uk/articles/how-can-nausea-and-vomiting-be-treated-during-pregnancy-2/>

This Medicines Q&A includes information on the efficacy and safety of antihistamines (promethazine, cyclizine, prochlorperazine), domperidone, metoclopramide, and Xonvea® (a combination of doxylamine and pyridoxine [vitamin B6]) for nausea and vomiting in pregnancy. The most recent update reflects the most up-to-date evidence and guidance concerning the safety of ondansetron use in pregnancy. *Freely available online*

[Loneliness among parents of young children.](#)

Coram Family and Childcare; 2019.

<https://www.familyandchildcaretrust.org/lonelinessbriefing>

Coram Family and Childcare are running a project, funded by the National Lottery Community Reaching Communities programme, which supports four groups of local parents to work together to combat loneliness while their children are young. To guide their work, they conducted research on how parents with children under five experience loneliness, and what would help them to overcome it. This short briefing presents the findings.

Freely available online

[Many women experience post-traumatic stress, anxiety and depression after pregnancy loss.](#)

NHS Behind the Headlines; 2020.

<https://www.nhs.uk/news/pregnancy-and-child/many-women-experience-post-traumatic-stress-anxiety-and-depression-after-pregnancy-loss/>

This London-based study used questionnaires to identify symptoms of anxiety, depression and post-traumatic stress in women who had had an early pregnancy loss. At 9 months after a pregnancy loss, 18% had symptoms of post-traumatic stress. *Freely available online*

[No link found between caesarean section and obesity in boys.](#)

NHS Behind the Headlines; 2019.

<https://www.nhs.uk/news/obesity/no-link-found-between-caesarean-section-and-obesity-boys/>

The recent rise in the number of babies being born by caesarean section has been linked to the rise in childhood obesity. Previously, scientists have suggested that babies born by caesarean section might have missed out on exposure to beneficial bacteria from a vaginal birth, which might have made them more likely to grow up overweight. However, this latest study suggests that may not be true. *Freely available online*

[Planned earlier delivery for late pre-eclampsia may be better for mothers.](#)

NIHR Dissemination Centre; 2019.

<https://discover.dc.nihr.ac.uk/content/signal-000838/mothers-benefit-from-a-planned-earlier-delivery-for-late-pre-eclampsia>

NIHR Signal. If pregnant women develop late pre-eclampsia, after 34 but before 37 weeks of gestation, then planning to deliver their babies within 48 hours of the diagnosis reduces the risk of problems to the mother. This is compared with waiting until 37 weeks or delivering earlier if other problems arise (“expectant management”). However, this benefit needs to be offset against an increased likelihood of the baby being admitted to the neonatal unit.

Freely available online

[Saving lives, improving mothers’ care: lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17.](#)

National Perinatal Epidemiology Unit, University of Oxford; 2019.

<https://www.npeu.ox.ac.uk/news/1917-mbrace-uk-release-mbrace-uk-saving-lives-improving-mothers-care-2>

This is the sixth annual report produced for the Maternal, Newborn and Infant Clinical Outcome Review Programme, run by the MBRRACE-UK collaboration. During a three-year period, 209 women in the UK and Ireland died during their pregnancies or up to six weeks afterwards from pregnancy-related causes. *Freely available online*

Articles

The following journal articles are available from the Library and Knowledge Service electronically or in print. Please follow links to access full text online, contact me to order copies, or call into the library.

[Antenatal and intrapartum interventions for reducing caesarean section, promoting vaginal birth, and reducing fear of childbirth: An overview of systematic reviews.](#)

Smith V. *PLoS ONE* 2019;doi.org/10.1371/journal.pone.0224313.

This overview of reviews identifies and highlights interventions that have been shown to be effective for reducing caesarean birth, promoting vaginal births and reducing fear of childbirth. *Freely available online*

[Antenatal magnesium sulphate and adverse neonatal outcomes: A systematic review and meta-analysis.](#)

PLoS medicine 2019;16(12):e1002988.

CONCLUSIONS: Our findings do not support clear associations between antenatal magnesium sulphate for beneficial indications and adverse neonatal outcomes. This review showed that there was no increased risk of adverse neonatal outcomes when MgSO₄ was used appropriately and with good reasons. These results are reassuring, and serve as a reminder on the proper use of MgSO₄. *Freely available online*

[Associations of dietetic management with maternal and neonatal health outcomes in women diagnosed with gestational diabetes: a retrospective cohort study.](#)

Absalom G. *Journal of Human Nutrition and Dietetics* 2019;32(6):728-736.

Dietetic intervention plays a key role in optimising maternal and neonatal health outcomes for women with GDM. Exploring further the impact of dietetic intervention in women diagnosed with GDM is key with respect to understanding the optimal delivery of care for these women. The type and number of consultations included in a dietetic intervention should be investigated further. *Available with an NHS OpenAthens password*

[Coping with baby loss as a midwife.](#)

Abramson P. *British Journal of Midwifery* 2019;27(12):800–801.

More midwives should have access to specialist bereavement training and support, according to Paula Abramson. Every year, more than 6 500 babies and children under the age of five die in the UK (Child Bereavement UK, 2017). While it is widely recognised that bereaved parents should receive high-quality support and care from professionals, it is equally important that professionals have the necessary training to feel supported and validated in this most challenging area of their work. *Available with an NHS OpenAthens password for eligible users*

[Dietary guideline adherence during preconception and pregnancy: A systematic review.](#)

Caut C. *Maternal and Child Nutrition* 2019;:e12916.

The findings of this review suggest that preconceptual and pregnant women may not be meeting the minimum requirements stipulated in dietary guidelines and/or nutritional recommendations. This could have potential adverse consequences for pregnancy and birth outcomes and the health of the offspring. Major knowledge gaps identified in this review, which warrant further investigation, are the dietary intakes of men during preconception, and the predictors of guideline adherence. *Freely available online*

[Effect of maternal birth positions on duration of second stage of labor: systematic review and meta-analysis.](#)

Berta M. *BMC Pregnancy and Childbirth* 2019;19:466.

The second stage duration was reduced in cases of a flexible sacrum birthing position. Even though the reduction in duration varies across studies with considerable heterogeneity, laboring women should be encouraged to choose her comfortable birth position. Researchers who aim to compare different birthing positions should consider study designs which enable women to choose birthing position. *Freely available online*

[Effects of exercise on pregnant women's quality of life: A systematic review.](#)

Liu N. *European Journal of Obstetrics, Gynecology, and Reproductive Biology* 2019;242:170-177.

This systematic review is the first to suggest that group-based combined exercise and yoga or physical activity are associated with significant benefits related to improvements in pregnant women's quality of life. Furthermore, aerobic or resistance exercise could potentially improve pregnant women's quality of life.

Contact the library for a copy of this article

[Experience of and access to maternity care in the UK by immigrant women: a narrative synthesis systematic review.](#)

Higginbottom GMA. *BMJ Open* 2019;9(12):e029478.

The experiences of immigrant women in accessing and using maternity care services were both positive and negative. Further education and training of health professionals in meeting the challenges of a super-diverse population may enhance quality of care, and the perceptions and experiences of maternity care by immigrant women. *Freely available online*

[Glyceryl trinitrate to reduce the need for manual removal of retained placenta following vaginal delivery: the GOT-IT RCT.](#)

Denison FC. *Health Technology Assessment* 2019;23(70):<https://doi.org/10.3310/hta23700>.

Glyceryl trinitrate spray did not reduce the need for manual removal of retained placenta following vaginal delivery. *Freely available online*

[Interventions for improving teamwork in intrapartum care: a systematic review of randomised controlled trials.](#)

Wu M. *BMJ Quality & Safety* 2020;29(1):77-85.

A large number of adverse events in obstetrics are associated with failure in communication and teamwork among team members, with substantive consequences. The objective of this study is to perform a systematic review of interventions aimed at improving teamwork in obstetrics. Conclusion: While the evidence is still limited and from low to moderate quality RCTs, simulation-based teamwork interventions appear to improve team performance and patient morbidity in labour and delivery care. *Freely available online*

[Lithium Exposure During Pregnancy and the Postpartum Period: A Systematic Review and Meta-Analysis of Safety and Efficacy Outcomes.](#)

Fornaro M. *American Journal of Psychiatry* 2020;177(1):76-92.

Conclusions: The risk associated with lithium exposure at any time during pregnancy is low, and the risk is higher for first-trimester or higher-dosage exposure. Ideally, pregnancy should be planned during remission from bipolar disorder and lithium prescribed within the lowest therapeutic range throughout pregnancy, particularly during the first trimester and the days immediately preceding delivery, balancing the safety and efficacy profile for the individual patient. *Contact the library for a copy of this article*

[Management of first trimester pregnancy loss: mifepristone plus misoprostol versus misoprostol alone.](#)

Sheerin M R. *British Journal of Midwifery* 2019;27(11):711-714.

Miscarriage occurs in 20% of all pregnancies. Misoprostol is implemented alone for the medical management of first trimester pregnancy loss in New Zealand and the UK. However, current research reports mifepristone plus misoprostol is significantly more effective than misoprostol alone. Results from current randomised control trials indicate efficacy rates of mifepristone, plus misoprostol range between 73%-89.3% compared to 34.8%-67.1% for misoprostol alone. *Available with an NHS OpenAthens password for eligible users*

[Neonatal resuscitation: 'room side to motherside'.](#)

Stamoulos S. *British Journal of Midwifery* 2019;27(11):716-728.

Delayed clamping of the neonatal umbilical cord is considered beneficial to the transition to extrauterine life in a

term, uncomplicated birth. However, some neonates require resuscitation and the ability to perform this is a fundamental aspect of midwifery practice. The decision to clamp and cut the umbilical cord often precludes any resuscitative attempt, but the reasoning for this action is unclear. This article explores the purpose and place of leaving the umbilical cord intact. *Available with an NHS OpenAthens password for eligible users*

[Neonatal weight loss and gain patterns in caesarean section born infants: integrative systematic review.](#)

Kelly NM. *Maternal and Child Nutrition* 2019;;e12914.

Overall, infants born by caesarean section lost more weight than those born vaginally, but due to the small number of studies included, more are needed to look at this difference and why it may occur. This discrepancy in weight between the two groups may be corrected over time, but future studies will need larger sample sizes and longer follow-up periods to examine this. *Freely available online*

[Patient blood management \(PBM\) in pregnancy and childbirth: literature review and expert opinion.](#)

Surbek D. *Archives of Gynecology and Obstetrics* 2019;;doi: 10.1007/s00404-019-05374-8.

PBM in obstetrics is based on three main pillars: diagnostic and/or therapeutic interventions during pregnancy, during delivery and in the postpartum phase. These three main pillars should be kept in mind by all professionals taking care of pregnant women, including obstetricians, general practitioners, midwives, and anaesthesiologists, to improve pregnancy outcome and optimize resources. *Freely available online*

[Pregnancy decisions after fetal or perinatal death: systematic review of qualitative research.](#)

Dyer E. *BMJ Open* 2019;9(12):e029930.

The decision to become pregnant after death is complex and varies between individuals and sometimes within couples. Decisions are often made quickly, in the immediate aftermath of a pregnancy loss, but may evolve over time. Bereaved parents may feel isolated from social networks. There is an opportunity to support parents to prepare for a pregnancy after a fetal or perinatal loss, and conversations may be welcomed at an early stage. *Freely available online*

[Prevention of gestational diabetes mellitus in overweight or obese pregnant women: A network meta-analysis.](#)

Chatzakis C. *Diabetes Research and Clinical Practice* 2019;;doi: 10.1016/j.diabres.2019.107924.

Conclusions: Interventions aiming to prevent the development of GDM in overweight/obese women are not effective, when applied during pregnancy. *Contact the library for a copy of this article*

[The efficacy of the Dietary Approaches to Stop Hypertension diet with respect to improving pregnancy outcomes in women with hypertensive disorders.](#)

Jiang F. *Journal of Human Nutrition and Dietetics* 2019;32(6):713-718.

A DASH diet might comprise a potential strategy for improving the clinical outcomes in pregnant women with GH and chronic hypertension. Future robust clinical trials are warranted to corroborate these findings. *Available with an NHS OpenAthens password*

KGH Knowledge and Library Service

Phone: 01536 492862

Email: library.index@kgh.nhs.uk

Library Website:

<http://kghlibrary.koha-ptfs.co.uk>



[@KGHNHSLibrary](https://twitter.com/KGHNHSLibrary)

Would you like help to find information to support CPD and revalidation?
Or to receive personal alerts to articles and reports on topics of particular interest to you?

Ask us about **KnowledgeShare** to receive fortnightly emails highlighting relevant reports and articles