

Current awareness for Midwifery

Recent guidelines, reports and articles

February 2021

Guidelines

The following guideline(s) maybe of interest:

[Management of coexisting conditions in the context of COVID-19.](#)

BMJ Best Practice; 2021.

<https://bestpractice.bmj.com/topics/en-gb/3000190/>

[Further guidelines have been published to inform the management of patients with coexisting conditions during the COVID-19 pandemic. Updated 26/01/21: Considerations for perinatal care (updated); Use of ACE inhibitors and angiotensin receptor blockers (updated); Potential impact of COVID-19 pandemic on diagnosis and management of other conditions (updated); Essential hypertension (updated); Giant cell arteritis (new)]

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Reports

The following report(s) may be of interest:

[MBRRACE-UK Perinatal Confidential Enquiry: Stillbirths and Neonatal Deaths in Twin Pregnancies.](#)

MBRRACE-UK; 2021.

<https://www.npeu.ox.ac.uk/mbrance-uk/reports>

[This report represents the findings of the fourth perinatal confidential inquiry and focuses on stillbirths and neonatal deaths in twin pregnancies. This report contains illustrative vignettes that are taken from real-life events. The vignettes are used to illustrate single aspects of care and are not intended to describe all the care provided to individual mothers and their babies.]

Freely available online

[MBRRACE-UK: Saving Lives, Improving Mothers' Care 2020: Lessons to inform maternity care from the UK and Ireland Confidential Enquiries in Maternal Death and Morbidity 2016-18.](#)

MBRRACE-UK; 2021.

<https://www.npeu.ox.ac.uk/mbrance-uk/reports>

[This report examines the care received by women who die during or up to a year after pregnancy and covers all pregnancy-associated deaths involving UK women between 2016 and 2018. The results indicate that while maternal death is still rare in the UK, there are some important actions identified to prevent women from dying in the future.]

Freely available online

Articles

The following articles maybe of interest:

[Compassion and kindness. \[Comment\]](#)

Winter G. *British Journal of Midwifery* 2021;29(2):116.

[Significant among the dispiriting catalogue of midwifery and obstetric issues that were identified in the review of 250 maternity services cases at the Shrewsbury and Telford Hospitals NHS Trust, is the revelation on page 11 that '[o]ne of the most disappointing and deeply worrying themes that has emerged is the reported lack of kindness and compassion from some members of the maternity team at the Trust' (Ockenden report, 2020).]

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[I'm only sweeping.](#)

Madeley A. *British Journal of Midwifery* 2021;29(2):66–67.

[The author has been following, with interest, the debates and discussions around the trend of increasing induction rates across the UK, influenced in part by the drive to reduce stillbirth, neonatal mortality and brain injury by 2025. This trend has been formally recognised by a variety of sources, including progress reviews of 'Better births', the second version of 'Saving babies lives care bundle' (SBLCB) and the National Maternity and Perinatal Audit.]

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[Insufficient iodine nutrition status and the risk of pre-eclampsia: a systemic review and meta-analysis.](#)

Businge CB. *BMJ Open* 2021;11(2):e043505.

[Although pre-eclamptic women seem to have lower UIC than normotensive pregnant women, the available data are insufficient to provide a conclusive answer on association of iodine deficiency with pre-eclampsia risk.]

[Perineal massage during labor: a systematic review and meta-analysis of randomized controlled trials.](#)

Aquino CI. *The Journal of Maternal-Fetal & Neonatal Medicine* 2020;33(6):1051-1063.

[Different techniques have been analyzed to reduce the risk of perineal trauma during labor. Conclusions: Perineal massage during labor is associated with significant lower risk of severe perineal trauma, such as third and fourth degree lacerations. Perineal massage was usually done by a midwife in the second stage, during or between and during pushing time, with the index and middle fingers, using a water-soluble lubricant.]

Contact the library for a copy of this article

[SARS-CoV-2: do corticosteroids for fetal lung maturation worsen maternal or fetal outcomes?](#)

Eltaweel N. *British Journal of Midwifery* 2021;29(2):90-92.

[Immune system changes during pregnancy could make pregnant women more susceptible to SARS-Cov-2 infection. The use of corticosteroids within obstetrics has been shown to reduce the risks of respiratory distress syndrome, intraventricular haemorrhage, necrotizing enterocolitis and neonatal death in the baby associated with premature delivery. During the COVID-19 pandemic, corticosteroids have been trialled as a treatment to dampen the 'cytokine storm' and associated inflammatory processes.]

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[The rise of non-traditional pregnancies through assisted reproductive technologies.](#)

Kaur A. *British Journal of Midwifery* 2021;29(2):82–88.

[This article explores how the development of assisted reproductive technologies (ARTs), arisen from in vitro fertilisation, have perpetuated an increase in non-traditional pregnancies (Franklin, 1997). This article discusses what this increase means for midwifery practices and what care midwives may need to consider

for such pregnancies. The discussions in this article are based on triangulated findings from a three-phase research design.]

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[Understanding Mordel: obtaining informed consent for trisomy screening.](#)

Owain Wile E. *British Journal of Midwifery* 2021;29(2):108–114.

[The landmark decision of Montgomery has established that the patient's right to self-determination and autonomy underpins the doctrine of informed consent. The case of Mordel threw into question the process of obtaining informed consent and whether it was being sufficiently secured in the context of Down's syndrome screening. This case conveyed a paradigm shift to the role of the midwife and sonographers when obtaining consent for screening and the requisite legal standard of care they owe.]

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Events

[Clinical Human Factors Group \(CHFG\) Virtual Conference: The impact of staff well-being on creating safety.](#)

[A virtual event of lively presentations examining the individual and system factors that affect patient safety and staff well-being. If you previously purchased a ticket for this event you may carry the ticket over, otherwise please register. £75-£150.]

Online

Date: 18th March, 2021, 9:00am-12:45pm

<https://chfg.org/the-impact-of-staff-wellbeing-on-patient-safety/>

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