

Current awareness for Midwifery

Recent guidelines, reports and articles

May 2021

Guidelines

The following guideline(s) maybe of interest:

Bladder and Bowel Care in Childbirth.

Royal College of Nursing (RCN); 2021.

<https://www.rcn.org.uk/professional-development/publications/rcn-bladder-and-bowel-care-in-childbirth-uk-pub-009-553/>

[Bladder and bowel care during childbirth is a critical part of maternity care, as the consequences can have short and long-term consequences for the woman and her family. This guidance provides information about bladder and bowel care throughout pregnancy, labour and into the postnatal period.]

Freely available online

Multiple Births Midwife Standard.

Royal College of Nursing (RCN); 2021.

<https://www.rcn.org.uk/professional-development/publications/rcn-multiple-births-midwife-standard-uk-pub-009564/>

[Midwives have an essential role to play in delivering and co-ordinating care for women, partners and families who are experiencing a multiple pregnancy. This standard is intended to provide clear direction for commissioners and managers when creating roles to support best practice and policies in local service provision for women and their families. The skills and knowledge to provide this service are also outlined.]

Freely available online

Neonatal infection: antibiotics for prevention and treatment.

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

<https://www.nice.org.uk/guidance/ng195>

[This guideline covers preventing bacterial infection in healthy babies of up to and including 28 days corrected gestational age, treating pregnant women whose unborn baby is at risk of infection, and caring for babies of up to and including 28 days corrected gestational age with a suspected or confirmed bacterial infection. It aims to reduce delays in recognising and treating infection and prevent unnecessary use of antibiotics. The guideline does not cover viral infections.]

Freely available online

Optimal Cord Management in Preterm Babies: A Quality Improvement Toolkit

British Association of Perinatal Medicine (BAPM); 2020.

<https://www.bapm.org/pages/197-optimal-cord-management-toolkit>

[The focus of this toolkit is to support the implementation of Optimal Cord Management in all preterm babies less than 34 weeks gestation (defined by waiting at least 60 seconds before clamping the umbilical cord)

Evidence shows that optimal cord management reduces death in preterm babies by nearly a third.

This toolkit is aimed at those who are leading or working in a quality improvement team around Optimal Cord Management.]

Freely available online

[Postnatal care.](#)

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

<https://www.nice.org.uk/guidance/ng194>

[This guideline covers the routine postnatal care that women and their babies should receive in the first 8 weeks after the birth. It includes the organisation and delivery of postnatal care, identifying and managing common and serious health problems in women and their babies, how to help parents form strong relationships with their babies, and baby feeding. The recommendations on emotional attachment and baby feeding also cover the antenatal period.]

Freely available online

Reports

The following report(s) may be of interest:

[Maternal mental health during a pandemic.](#)

Centre for Mental Health; 2021.

<https://www.centreformentalhealth.org.uk/publications/maternal-mental-health-during-pandemic/>

[This report is a rapid evidence review of the impact of Covid-19 on the mental health of women during pregnancy and after they've given birth, and the support that's been available during the pandemic.]

Freely available online

[National Maternity and Perinatal Audit – NHS Maternity care for women with a Body Mass Index \(BMI\) of 30 or above.](#)

Healthcare Quality Improvement Partnership; 2021

This report focuses on the maternal and neonatal outcomes of pregnant women with body mass index (BMI) of 30 or above who gave birth between 1 April 2015 and 31 March 2017, compared with those of women with BMI in the range 18.5–24.9. Women with BMI of 30 or above have a higher risk of complications antenatally, intrapartum and postnatally than women with a BMI in the healthy range. Nevertheless, approximately one-third of these women have a pregnancy and birth without complication.

Freely available online

[New and expectant mothers from ethnic minority backgrounds face barriers to mental health care access](#)

NIHR : 2021

Mental health issues during and after pregnancy (the perinatal period) are common, affecting up to one in five women. All women can face challenges accessing help, but women from ethnic minority backgrounds may face additional barriers: language and culture, stigma, lack of awareness of services, and biases in healthcare professionals' offers of help. The researchers found distinct patterns of service use, according to ethnic background. The researchers concluded that initial access to timely services was the key issue; women from Black African, Asian and White Other backgrounds struggled to access care, but once in touch, they made good use of services.

Freely available online

[Quality improvement made simple: What everyone should know about health care quality improvement](#)

Health Foundation; 2021.

<https://www.health.org.uk/publications/quality-improvement-made-simple>

[This guide focuses on quality improvement, which involves the use of a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement within a health care setting.]

Freely available online

[The state of the world's midwifery 2021.](#)

United Nations Population Fund; 2021.

<https://www.unfpa.org/sowmy>

[The State of the World's Midwifery (SoWMY) 2021 presents findings on the Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH) workforce from 194 countries. The report establishes a global shortage

of 1.1 million SRMNAH workers, the largest shortage (900,000) being midwives.]
Freely available online

Articles

The following articles maybe of interest:

[Obesity matters: the skills that strengthen midwifery practice when caring for obese pregnant women.](#)

Greig Y. *British Journal of Midwifery* 2021;29(5):278–285.

[Obese pregnant women (BMI>30 kg/m²) are at an increased risk of developing complications during pregnancy, labour and birth. Furthermore, their offspring are at risk of short- and long-term health complications. Midwives are ideally situated to inform women about risks and to support them in optimising their health. How midwives raise and maintain dialogue with women about this health issue is not well understood.]

Available with an NHS OpenAthens password for eligible users

[Decision-making in the birth space. \[Comment\]](#)

Huschke S. *British Journal of Midwifery* 2021;29(5):294–297.

[The author discusses how communicating with birthing people in the current technocratic maternity systems in Ireland and elsewhere can inhibit the birthing person's meaningful involvement in decision-making. The argument presented in this discussion paper is inspired by the stories that women shared with me in my qualitative research on birth, mental health and emotional wellbeing in Ireland (Huschke et al, 2020), and my experiences as a birth doula and antenatal workshop facilitator.]

Available with an NHS OpenAthens password for eligible users

[Developing a just culture in the NHS.](#)

Tingle J. *British Journal of Nursing* 2021;30(8):500-501.

[The author discusses several reports on developing a just culture in the NHS. Over the years there have been several buzzwords and phrases in the NHS—patient advocacy, accountability, clinical governance, to name but a few. These terms focused attention on certain issues with many study days and articles. They are general, open-ended terms and various meanings can be ascribed to them. In a sense, they can mean whatever we want them to mean.]

Available with an NHS OpenAthens password for eligible users

[Development and rapid rollout of The QUIPP App Toolkit for women who arrive in threatened preterm labour.](#)

Carlisle N. *BMJ Open Quality* 2021;10(2):DOI: 10.1136/bmjopen-2020-001272.

[RESULTS: While the rapid rollout of The QUIPP App Toolkit due to COVID-19 was not planned, it has demonstrated that toolkits to improve clinical practice can be produced promptly...The toolkit has been recommended nationally, with National Health Service England recommending the app and toolkit in their COVID-19 update to the Saving Babies Lives Care Bundle and in the British Association of Perinatal Medicine Antenatal Optimisation Toolkit.]

[Impact of metformin treatment during pregnancy on maternal outcomes: a systematic review/meta-analysis.](#)

Tarry-Adkins JL. *Scientific Reports* 2021;11:9240.

[Outcomes included gestational weight gain (GWG), pre-eclampsia, gestational hypertension, preterm birth, gestational age at delivery, caesarean section, gestational diabetes, glycaemic control, and gastrointestinal side-effects. Metformin for any indication during pregnancy is associated with lower GWG and a modest reduced risk of pre-eclampsia, but increased gastrointestinal side-effects compared to other treatments.]

Freely available online

[Part 2: COVID-19 and knowledge for midwifery practice—impact and care of the baby.](#)

Green J. *British Journal of Midwifery* 2021;29(5):286–293.

[It is well-known that newborn infants are more susceptible to infection due to their immature host defence mechanisms. However, in relation to the COVID-19 virus, it appears that the naivete of the neonatal immune system has afforded some protection against the inflammatory response experienced by adolescents and adults. That said, COVID-19 and the associated changes in practice and policies implemented in response to the pandemic, has had an impact on the care of the baby.]

Available with an NHS OpenAthens password for eligible users

[Ursodeoxycholic acid in intrahepatic cholestasis of pregnancy: a systematic review and individual participant data meta-analysis.](#)

Ovadia C. *The Lancet Gastroenterology & Hepatology* 2021;:doi.org/10.1016/S2468-1253(21)00074-1.

[Review (34 studies, n=6974) found treatment with ursodeoxycholic acid (UA) had no significant effect on prevalence of stillbirth in this population vs no treatment with UA (0.7% vs 0.6%). If reviewing only RCTs, UA was linked to a reduction in stillbirth and preterm birth.]

Freely available online

KGH Knowledge and Library Service

Phone: 01536 492862

Email: kgh-tr.library.index@nhs.net

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