Dear Joe Bloggs,

Welcome to your Evidence Update email from KnowledgeShare. The resources listed below have been chosen based on the interests you have provided. I hope they are useful. Please contact me via email if you would like a copy of any of the journal articles. If you would like to change the interests we have listed, stop receiving the notifications, or request a search on a specific topic, please don't hesitate to let me know.

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Mary

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 your nearest library.

**Assessment and support during early labour for improving birth outcomes.**
Kobayashi S. *Cochrane Database of Systematic Reviews* 2017;(4):CD011516.

[Authors' conclusions: Assessment and support in early labour does not have a clear impact on rate of caesarean section or instrumental vaginal birth, or whether the baby was born before arrival at hospital or in an unplanned home birth. However, evidence suggested that interventions may have an impact on reducing the use of epidural anaesthesia, labour augmentation and on increasing maternal satisfaction with giving birth.]

*Freely available online*

**Caesarean section increases risk of preterm birth in subsequent pregnancy**
Visser L. *Evidence-Based Nursing* 2017;20(2):42.

[The aetiology of spontaneous preterm birth remains, despite many publications on the subject, largely indefinite. Studies focus on identification of risk factors for preterm birth in order to develop tailor-made care. Risk factor identification might however also provide clues in unravelling the pathophysiological processes leading to preterm birth.]

*Available with an NHS OpenAthens password for eligible users*

**Caring for pregnant women with long-term conditions: maternal and neonatal effects of epilepsy.**

[Epilepsy affects around 1 in 100 people and every year around 2500 women with epilepsy become pregnant. Although most will have an uneventful pregnancy, pregnancy for women with epilepsy carries additional risks to their wellbeing and that of their developing fetus.**
and their infant. This article highlights essential knowledge about this condition in pregnancy and considers how midwives can contribute to working collaboratively in ways that optimise pregnancy outcomes for these women.

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**Cerebrospinal fluid shunts in the maternity context.**
[The article examines cerebrospinal fluid shunts from within the maternity and midwifery context. Particular focus is given to women with conditions including hydrocephalus. Additional topics discussed include the increasing number of pregnant women with complex medical histories, the use of shunts in the treatment of hydrocephalus and whether or not women with shunts can have vaginal births.]

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**Clinical practice: Perineal suturing.**
[This article highlights the important midwifery skill of perineal assessment and suturing. Perineal trauma resulting from vaginal birth is the most common form of obstetric injury experienced by women, and can be associated with considerable maternal morbidity (RCOG, 2015). Midwives, being the lead practitioner for normal birth, should therefore be competent and skilled in the assessment and repair of perineal trauma.]

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**Community midwives’ work time includes travel to and from home.**
[A 2015 ruling by the European Court of Justice redefined ‘working time’ to include time spent travelling between work and home. Richard Griffith explores the implications of this for midwives.]

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**Development and validation of Prediction models for Risks of complications in Early-onset Pre-eclampsia (PREP): a prospective cohort study.**
[The study found that a logistic prediction model for outcomes in early-onset pre-eclampsia provided individualised risk estimates to plan subsequent care of patients. The survival model has the potential to be used as a triage tool for risk assessment, although further evaluation of the impacts of the model use on outcomes is required.]

Freely available online

**Exploring postnatal depression, sexual dysfunction and relationship dissatisfaction in Australian women.**
[Postnatal depression symptoms are the most common mental health problem following childbirth. This study aimed to investigate the association between sexual dysfunction, relationship dissatisfaction and symptoms of postnatal depression among Australian women during the first year after giving birth. It concluded that symptoms of depression are
prevalent among postnatal women during the first year after childbirth and are associated with sexual dysfunction and relationship dissatisfaction.]

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**Life after death: the bereavement midwife's role in later pregnancies.**
[This article follows Tracy, a bereavement midwife, into the clinical area to look at her role in supporting bereaved families through subsequent pregnancies, and will include the reflections of a second-year student midwife (Sharon) who spent time with Tracy in her specialist antenatal clinic and peer support group, 'The Butterfly Group'.]

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**Lifestyle interventions for the treatment of women with gestational diabetes.**
[Lifestyle interventions are the primary therapeutic strategy for women with GDM. Women receiving lifestyle interventions were less likely to have postnatal depression and were more likely to achieve postpartum weight goals.]

Freely available online

**Patient-controlled analgesia with remifentanil versus alternative parenteral methods for pain management in labour.**
Weibel S. *Cochrane Database of Systematic Reviews* 2017;(4):CD011989.
[Objectives: To systematically assess the effectiveness of remifentanil intravenous patient-controlled analgesia (PCA) for labour pain, along with any potential harms to the mother and the newborn.]

Freely available online

**Perinatal mental health is still everyone’s business.[Editorial]**
Murphy M. *British Journal of Midwifery* 2017;25(3):141.
[In this article the author reflects upon perinatal mental health, dealing with topics including the safety of pregnancy and birth in Great Britain, efforts to reduce the rate of maternal deaths and suicide, and the role that midwives can play in aiding in mother's mental health.]

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**Periodontal health and pregnancy.**
[Women are more likely to suffer from gingivitis and periodontitis (gum disease) when pregnant, due to hormonal changes. Women considering pregnancy and those who are pregnant should be advised to visit their dentists to help maintain good oral health throughout their pregnancy. This article highlights the importance of being aware of the association between pregnancy and periodontal disease, and the appropriate treatment for improving and maintaining periodontal health as necessary.]

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**Pregnancy in women with sickle cell disease is associated with risk of maternal and perinatal mortality and severe morbidity**
Oteng-Ntim E. *Evidence-Based Nursing* 2017;20(2):43.
Pregnancy in patients with sickle cell disease (SCD) is associated with the risk of maternal and perinatal mortality and severe morbidity. Findings provide important estimates on associated mortality and morbidity for policymakers, clinicians and researchers to work together to improve on these adverse outcomes. There is a need for multidisciplinary care in order to manage the multisystem nature of complications associated with SCD in pregnancy.

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Prevention of neonatal whooping cough in England: The essential role of the midwife.
[.."Since its introduction, evaluation of the vaccine given in pregnancy has demonstrated its safety, efficacy and patient acceptability. Uptake of the vaccine has reached 70% and its continued use is an opportunity to protect newborn babies from a serious and sometimes fatal vaccine-preventable infection. Midwives should discuss pertussis immunisation with pregnant women and either signpost them to their GP to receive it or, if commissioned to do so, administer the vaccine themselves"..]
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The influence of physical activity during pregnancy on maternal, fetal or infant heart rate variability: a systematic review.
[Based on the current evidence available, our overall conclusion is that the hypothesis that maternal PA influences maternal HRV cannot be supported, but there is a trend that maternal PA might increase fetal and infant HRV.]
Freely available online

The Positive Birth Book. [Book review]
[The Positive Birth Book is written for pregnant women and is not specifically aimed at midwives. However, midwives may find it interesting to read as it contains personal reflections that could help midwives to understand women’s thoughts and feelings. The chapters do not focus solely on normal pregnancy and birth as many other books of similar style do, and this book would not be guilty of presenting pregnancy and birth through ‘rose-coloured glasses’.]
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Reports

The following report(s) may be of interest:

NIHR Signal: Counselling services help expectant mothers quit smoking.
NIHR Dissemination Centre; 2017.
https://discover.dc.nihr.ac.uk/portal/article?id=SIG-5000405
[Counselling services, including cognitive behavioural therapy and motivational interviewing, help women to stop smoking during pregnancy by increasing quit rates. Feedback and financial incentives may also be effective, though evidence is weaker for both.]
Education alone and peer support were not found to be effective.]

Freely available online