

# Women and Children's Current Awareness Bulletin

August 2018

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## Evaluation of the implementation of the Saving Babies' Lives Care Bundle in early adopter NHS trusts in England

This independent evaluation, commissioned by NHS England, shows clinical improvements such as better monitoring of a baby's growth and movement in pregnancy, as well as better monitoring in labour, led to maternity staff helping to save more than 160 babies' lives across 19 maternity units. The report found that stillbirths fell by a fifth at the maternity units where national guidance, known as the Saving Babies Lives Care Bundle, had been implemented. The best practice guidance is now being introduced across the country and has the potential if these findings were replicated, to prevent an estimated 600 stillbirths.

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### Title: Quality, Readability, and Trends for Websites on Ankyloglossia.

**Citation:** Annals of Otolaryngology, Rhinology & Laryngology; Jul 2018; vol. 127 (no. 7); p. 439-444

**Author(s):** Aaronson, Nicole Leigh; Castaño, Johnathan Edward; Simons, Jeffrey P.; Jabbour, Noel

**Objective:** This study evaluates the quality and readability of websites on ankyloglossia, tongue tie, and frenulectomy.

**Methods:** Google was queried with six search terms: tongue tie, tongue tie and breastfeeding, tongue tie and frenulectomy, ankyloglossia, ankyloglossia and breastfeeding, and ankyloglossia and frenulectomy. Website quality was assessed using the DISCERN instrument. Readability was evaluated using the Flesch-Kincaid Reading Grade Level, Flesch Reading Ease Score, and Fry readability formula. Correlations were calculated. Search terms were analyzed for frequency using Google Trends and the NCBI database.

**Results:** Of the maximum of 80, average DISCERN score for the websites was 65.7 (SD = 9.1, median = 65). Mean score for the Flesch-Kincaid Reading Grade Level was 11.6 (SD = 3.0, median = 10.7). Two websites (10%) were in the optimal range of 6 to 8. Google Trends shows tongue tie searches increasing in frequency, although the NCBI database showed a decreased in tongue tie articles.

**Conclusions:** Most of the websites on ankyloglossia were of good quality; however, a majority were above the recommended reading level for public health information. Parents increasingly seek information on ankyloglossia online, while fewer investigators are publishing articles on this topic.

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### Title: Exploring breastfeeding support on social media.

**Citation:** International Breastfeeding Journal; Jun 2018; vol. 13 (no. 1)

**Author(s):** Bridges, Nicole; Howell, Gwyneth; Schmied, Virginia

**Background:** Lack of breastfeeding support is often cited by mothers as one of the key reasons for premature weaning. The experiences and perceptions of breastfeeding mothers in a range of contexts and their support needs have been studied, but there has been little exploration of the specific breastfeeding topics that women are investigating via social networking sites (SNSs) such as Facebook, and how breastfeeding peer supporters respond to queries about breastfeeding concerns on a SNS.

**Methods:** This online ethnography took place in the Australian Breastfeeding Association's (ABA) closed Facebook groups. These groups have been created for breastfeeding mothers

to seek and provide support to their peers. All wall posts, comments and images for 15 of these groups were captured over a four-week period between 21 July and 17 August 2013. **Results:** The data were collected on a total of 778 wall posts with a total of 2,998 comments posted into the initial wall posts. Analysis revealed that 165 (21%) of these wall posts were queries and 72 (44%) of the queries were specific breastfeeding questions. Twelve breastfeeding topic areas were identified, and the top three topic areas were further analysed for not only their content but the nature of informational and emotional support provided to the community members.

**Conclusions:** The closed Facebook groups hosted by the ABA provided both informational and emotional support that appeared to be facilitated by an authentic presence from both trained peer breastfeeding counsellors and other mothers. The group administrators played a vital role in both responding to the queries and overseeing the discussions to ensure they adhered to the ABA's Code of Ethics.

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**Title: Effect of Reflexology on Infantile Colic.**

**Citation:** Journal of Alternative & Complementary Medicine; Jun 2018; vol. 24 (no. 6); p. 584-588

**Author(s):** Icke, Sibel; Genc, Rabia

**Objective:** The aim of this study was to explore the effect of reflexology on infantile colic.

**Design:** A total of 64 babies with colic were included in this study (n = 31: study group; n = 33: control group). Following a pediatrician's diagnosis, two groups (study and control) were created. Sociodemographic data (including mother's age, educational status, and smoking habits of parents) and medical history of the baby (including gender, birth weight, mode of delivery, time of the onset breastfeeding after birth, and nutrition style) were collected. The Infant Colic Scale (ICS) was used to measure the colic severity in the infants. Reflexology was applied to the study group by the researcher and their mother 2 days a week for 3 weeks. The babies in the control group did not receive reflexology. Assessments were performed before and after the intervention in both groups.

**Results:** The groups were similar regarding sociodemographic background and medical history. While there was no difference between the groups in ICS scores before application of reflexology ( $p > 0.05$ ), the mean ICS score of the study group was significantly lower than that of control group at the end of the intervention ( $p < 0.001$ ).

**Conclusion:** Reflexology application for babies suffering from infantile colic may be a promising method to alleviate colic severity.

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**Title: Promoting Oral Health in Childhood: A Quality Improvement Project.**

**Citation:** Pediatrics; Jun 2018; vol. 141 (no. 6); p. 1-8

**Author(s):** Okah, Abiye; Williams, Kristi; Talib, Nasreen; Mann, Keith

**Background and Objectives:** The American Academy of Pediatrics recommends periodic oral health risk assessments (OHRAs) for young children to prevent early childhood caries and promote oral health. The objective of this quality improvement project was to incorporate OHRAs, including documentation of the oral screening examination, into well-child visits for patients aged 12 to 47 months to drive (1) improved rates of preventive fluoride varnish (FV) application and (2) improved dental referrals for children at high risk for caries.

**Methods:** We identified a quality gap in our OHRAs, oral examination completion, FV application rates, and dental referral rates via retrospective data collection. Plan-Do-Study-

Act cycles targeted modification of electronic medical record templates, oral health education, and standardization of work processes. Process and outcome measures were analyzed with statistical process control charts.

**Results:** At baseline, OHRAs and oral screening examinations were documented in <2% of patients. Of eligible children, 42% had FV applied. Routine dental referrals before age 3 years were uncommon. After multiple Plan-Do-Study-Act cycles, documentation of OHRAs and oral screening examinations (process measures) improved to 45% and 73%, respectively. The primary outcome measure, FV rates, improved to 86%. Referral of high-risk patients to a dentist improved to 54%.

**Conclusions:** A systematic, evidence-based approach to improving oral health, including electronic medical record-based interventions, resulted in improved documentation of oral health risks and oral screening, improved rates of FV application in young children, and increased identification and referral of high-risk patients.

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**Title: Is the Neonatal Tongue Screening Test a valid and reliable tool for detecting ankyloglossia in newborns?**

**Citation:** International Journal of Paediatric Dentistry; Jul 2018; vol. 28 (no. 4); p. 380-389

**Author(s):** De Almeida Brandão, Clarissa; De Waele Souchois De Marsillac, Mirian; Barja-Fidalgo, Fernanda; Heloisa Oliveira, Branca

**Background:.** Although there is a lack of strong evidence for the association between ankyloglossia in newborns and impaired breastfeeding, screening for ankyloglossia using the Neonatal Tongue Screening Test (NTST) is mandated by law in Brazilian maternities.

**Aim:** To assess the reliability and validity of the NTST.

**Design:** cohort study; baseline sample comprised 268 mother-newborn dyads. At follow-up, 169 mothers were contacted by telephone. Interviews with the mothers for data collection were performed up to 48 h and at 1-3 months after childbirth. Trained and calibrated personnel performed the oral examinations of the newborns. Thirty newborns were examined for inter-reproducibility assessment.

**Results:** Of the 268 newborns included, 212 had a lingual frenulum that could be visually inspected and their NTST scores ranged from zero to nine (mean = 2.0,  $\pm$  2.0). Interexaminer reproducibility was acceptable (Intraclass correlation coefficient = 0.77). Internal consistency of the NTST was poor (Cronbach's alpha = 0.28). Construct validity was investigated through the association between NTST scores and difficulties in breastfeeding at baseline and follow-up, and infants' weight gain at follow-up (mean age 32  $\pm$  6.7 days). No statistically significant associations were found.

**Conclusion:** NTST is neither reliable nor valid for detecting ankyloglossia that may interfere with breastfeeding in newborns.

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**Title: Men's views and experiences of infant feeding: A qualitative systematic review.**

**Citation:** Maternal & Child Nutrition; Jul 2018; vol. 14 (no. 3); p. 1-13

**Author(s):** Earle, Sarah; Hadley, Robin

**Abstract:** Although the advantages of breastfeeding are well documented, rates for breastfeeding often fall short of international and national targets. Increasing attention has been paid to the role of men in infant feeding, but a lot of the research about men has been elicited from women, rather than from men themselves. To explore these issues further, a

systematic review of the qualitative research on infant feeding was carried out, focusing specifically on men's own views and experiences. Evidence was identified by searching electronic databases (CINAL, Cochrane, PubMed, and Scopus), manually searching citations, and by searching the grey literature. Studies were included in the review if they discussed men's views and experiences of infant feeding and if they reported primary qualitative data. Twenty research papers were included in the review, and each study was summarised and then analysed thematically to produce a synthesis. Five major analytical themes were identified: men's knowledge of infant feeding; men's perceptions of their role in infant feeding; positive views on breastfeeding; negative views on breastfeeding; and men's experiences of health promotion and support. The review concludes by highlighting that although men can play an important role in supporting women, they do not have a significant role in infant feeding decisions.

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**Title: Effective Communication Strategies for Nurses to Discuss Infant Feeding with New Mothers During Postpartum Hospitalization.**

**Citation:** MCN: The American Journal of Maternal Child Nursing; Jul 2018; vol. 43 (no. 4); p. 218-224

**Author(s):** Wood, Rainey Banick

**Abstract:** During prenatal care and postpartum hospitalization, nurses have an important role in assisting new mothers to make informed decisions about feeding their newborn infants. There is overwhelming evidence that breastfeeding is beneficial for most new mothers and babies; therefore, perinatal nurses encourage breastfeeding. Newborn infant feeding conversations with women who have chosen to formula feed may be complicated and may cause tension in the nurse–patient relationship. Despite this potential difficulty, these conversations are essential to establish a feeding plan for the newborn infant and to promote healthy outcomes for mothers and babies. Tools are offered for nurses to guide conversations about infant feeding choices and to help to ensure that all mothers receive support and encouragement on their feeding choice. Nurses offer education and support to new mothers on infant feeding during postpartum hospitalization. There is overwhelming evidence that breastfeeding is best for most mothers and babies, however not all mothers choose to breastfeed and breastfeeding is contraindicated in some cases. Effective communication techniques to discuss infant feeding options are offered, with an emphasis on providing a supportive, therapeutic discussion with new mothers who choose to formula feed their babies.

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**Title: Postdischarge Interventions to Prevent Pediatric Readmissions: Lost in Translation?**

**Citation:** Pediatrics; Jul 2018; vol. 142 (no. 1); p. 1-3

**Author(s):** Gay, James C.

**Abstract:** The article looks at a randomized control trial of post-discharge home nursing visits. Study highlights include analysis of strict adherence to the study protocol, decrease in post-discharge hospital resource use for the study population, and readmission rates for children with medical complexity or multiple chronic conditions.

**Title: Postdischarge Nurse Home Visits and Reuse: The Hospital to Home Outcomes (H2O) Trial.**

**Citation:** Pediatrics; Jul 2018; vol. 142 (no. 1); p. 1-10

**Author(s):** Auger, Katherine A.; Simmons, Jeffrey M.; Tubbs-Cooley, Heather L.

**Background:** Hospital discharge is stressful for children and families. Poor transitional care is linked to unplanned health care reuse. We evaluated the effects of a pediatric transition intervention, specifically a single nurse home visit, on postdischarge outcomes in a randomized controlled trial.

**Methods:** We randomly assigned 1500 children hospitalized on hospital medicine, neurology services, or neurosurgery services to receive either a single postdischarge nurse-led home visit or no visit. We excluded children discharged with skilled home nursing services. Primary outcomes included 30-day unplanned, urgent health care reuse (composite measure of unplanned readmission, emergency department, or urgent care visit). Secondary outcomes, measured at 14 days, included postdischarge parental coping, number of days until parent-reported return to normal routine, and number of "red flags" or clinical warning signs a parent or caregiver could recall.

**Results:** The 30-day reuse rate was 17.8% in the intervention group and 14.0% in the control group. In the intention-to-treat analysis, children randomly assigned to the intervention group had higher odds of 30-day health care use (odds ratio: 1.33; 95% confidence interval: 1.003-1.76). In the per protocol analysis, there were no differences in 30-day health care use (odds ratio: 1.14; confidence interval: 0.84-1.55). Postdischarge coping scores and number of days until returning to a normal routine were similar between groups. Parents in the intervention group recalled more red flags at 14 days (mean: 1.9 vs 1.6;  $P < .01$ ).

**Conclusions:** Children randomly assigned to the intervention had higher rates of 30-day postdischarge unplanned health care reuse. Parents in the intervention group recalled more clinical warning signs 2 weeks after discharge.

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**Title: Duration and exclusiveness of breastfeeding and risk of childhood atopic diseases.**

**Citation:** MIDIRS Midwifery Digest; Jun 2018; vol. 28 (no. 2); p. 234-234

**Author(s):** Elbert, Niels J.; van Meel, Evelien R.; den Dekker, H. T.; de Jong, Nicolette W.; Nijsten, Tamar E. C.; Jaddoe, Vincent WV; de Jongste, Johan C.; Pasmans, Suzanne G. M. A.; Duijts, Liesbeth

**Background:** Breastfeeding may have immune modulatory effects that influence the development of childhood allergic sensitization and atopic diseases. We aimed to examine the associations of breastfeeding with childhood allergic sensitization, inhalant or food allergy and eczema, and whether any association was affected by disease-related modification of the exposure or modified by maternal history of allergy, eczema, or asthma.

**Methods:** This study among 5828 children was performed in a population-based prospective cohort from fetal life onwards. We collected information on duration (6 months) and exclusiveness (nonexclusive vs exclusive for 4 months) of breastfeeding in infancy by postal questionnaires. At age 10 years, inhalant allergic sensitization and food-allergic sensitization were measured by skin prick tests, and physician-diagnosed inhalant and food allergy by a postal questionnaire. Data on parental-reported eczema were available from birth until age ten years.

**Results:** We observed no association of breastfeeding with any allergic sensitization, physician-diagnosed allergy, or combination of these outcomes. Shorter breastfeeding duration was associated with an overall increased risk of eczema (P-value for trend <.05). Nonexclusively breastfed children had an overall increased risk of eczema (adjusted odds ratio [95% confidence interval]: 1.11 [1.01,1.23]), compared with children exclusively breastfed for four months. Risk period-specific sensitivity analyses, additional adjustment for ointment use for eczema at age two months, and cross-lagged modeling showed no consistent results for disease-related modification of the exposure. Results were not modified by maternal history of allergy, eczema, or asthma (lowest P-value for interaction=.13).

**Conclusion:** Shorter duration or nonexclusiveness of breastfeeding is associated with a weak overall increased risk of eczema but not allergic sensitization or physician-diagnosed allergy at age ten years.

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**Title: Day case paediatric tonsillectomy: a quality improvement project.**

**Citation:** European journal of pediatrics; Jul 2018

**Author(s):** Atfeh, Mihiar Sami; Richardson-May, James; Rainsbury, James

**Abstract:** Tonsillectomy is one of the commonest ENT paediatric procedures. Recovery is best achieved at home, and cost-effectiveness of the day case pathway is significant in tonsillectomy. This project scrutinised the local practice regarding the effectiveness of day case pathway in paediatric tonsillectomy in a large regional teaching hospital. The project aimed to improve the rates of day case tonsillectomy discharges, to increase compliance of postoperative care with guidelines, and to assess long-term sustainability of the new practice. The project looked prospectively at the pre-existing paediatric tonsillectomy day case practice (cycle 1) prior to implementing a multifaceted intervention. The intervention consisted of an evidence-based change to local day case tonsillectomy guidelines, improved lists' planning/management, and clinicians' education. Thereafter, the outcomes were measured in the short term (cycle 2-prospective data collection) and in the long term (cycle 3-retrospective data collection). The gathered data revealed an improvement in post-tonsillectomy day case discharge rates (both short and long term), without an increase in postoperative complications. Moreover, our intervention had effectively reduced sleep study requests and resulted in a significant increase in list profitability.

**Conclusion:** The departmental practice in paediatric day case tonsillectomy was improved via evidence-based relaxation of day case criteria, improved list management, and clinicians' education. The interventions resulted also in a positive significant financial impact with no increase in postoperative complications.

**What is Known:**

- Tonsillectomy is a common paediatric ENT procedure, with significant applicability and cost-effectiveness of the day case pathway.
- There is a lack of a clear general consensus on criteria for patients' suitability for day case tonsillectomy.

**What is New:**

- This quality improvement project carried out a methodical relaxation of day case criteria of day case tonsillectomy.
- The new criteria along with enhanced list management and clinician education had safely improved the local post-tonsillectomy day case care.

**Title: Successful Chest Radiograph Reduction by Using Quality Improvement Methodology for Children With Asthma.**

**Citation:** Pediatrics; Aug 2018; vol. 142 (no. 2)

**Author(s):** Watnick, Caroline S; Arnold, Donald H; Latuska, Richard; O'Connor, Michael; Johnson, David P

**Objectives:** Implementation of an asthma clinical practice guideline did not achieve desired chest radiograph (CXR) usage goals. We attempt to use quality improvement methodology to decrease the percentage of CXRs obtained for pediatric patients with acute asthma exacerbations from 29.3% to <20% and to evaluate whether decreases in CXR use are associated with decreased antibiotic use.

**Methods:** We included all children  $\geq 2$  years old at our children's hospital with primary billing codes for asthma from May 2013 to April 2017. A multidisciplinary team tested targeted interventions on the basis of 3 key drivers aimed at reducing CXRs. We used statistical process control charts to study measures. The primary measure was the percentage of patients with an acute asthma exacerbation who were undergoing a CXR. The secondary measure was percentage of patients receiving systemic antibiotics. Balancing measures were all-cause, 3-day return emergency department visits and the percentage of pneumonia and/or asthma codiagnosis encounters.

**Results:** We included 6680 consecutive patients with 1539 CXRs. Implementation of an asthma clinical practice guideline was associated with decreased CXR use from 29.3% to 23.0%. Targeted interventions were associated with further reduction to 16.0%. For subset analyses, CXR use decreased from 21.3% to 12.5% for treat-and-release patients and from 53.5% to 31.1% for admitted patients. Antibiotic use varied slightly without temporal association with interventions or CXR reduction. There were no adverse changes in balancing measures.

**Conclusions:** Quality improvement methodology and targeted interventions are associated with a sustained reduction in CXR use in pediatric patients with acute asthma exacerbations. Reduction of CXRs is not associated with decreased antibiotic use.

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**Title: Treating and reducing anxiety and pain in the paediatric emergency department-TIME FOR ACTION-the TRAPPED quality improvement collaborative.**

**Citation:** Paediatrics & child health; Aug 2018; vol. 23 (no. 5); p. e85

**Author(s):** Trottier, Evelyne D; Ali, Samina; Thull-Freedman, Jennifer; Meckler, Garth; Stang, Antonia; Porter, Robert; Blanchet, Mathieu; Dubrovsky, Alexander Sasha; Kam, April; Jain, Raagini; Principi, Tania; Joubert, Gary; Le May, Sylvie; Chan, Melissa; Neto, Gina; Lagacé, Maryse; Gravel, Jocelyn; Pediatric Emergency Research Canada Pain Interest Group

**Background/Objectives:** In 2013, the TRAPPED-1 survey reported inconsistent availability of pain and distress management strategies across all 15 Canadian paediatric emergency department (PEDs). The objective of the TRAPPED-2 study was to utilize a procedural pain quality improvement collaborative (QIC) and evaluate the number of newly introduced pain and distress-reducing strategies in Canadian PEDs over a 2-year period.

**Methods:** A QIC was created to increase implementation of new strategies, through collaborative information sharing among PEDs. In 2015, 11 of the 15 Canadian PEDs participated in the TRAPPED QIC. At the end of the year, the TRAPPED-2 survey was electronically sent to a representative member at each of the 15 PEDs. The successful

introduction of the chosen strategies by the QIC was assessed as well as the addition of new strategies per site. The number of new strategies introduced in the participating and nonparticipating QIC sites were described.

**Results:** All 15 PEDs (100%) completed the TRAPPED-2 survey. Overall, 10/11 of QIC-participating sites implemented the strategy they had initially identified. All 15 Canadian PEDs implemented some new strategies during the study period; participants in the QIC reported a mean of 5.2 (1-11) new strategies compared to 2.5 (1-4) in the nonactively participating sites.

**Conclusion:** While all PEDs introduced new strategies during the study, QIC-participating sites successfully introduced the majority of their previously identified new strategies in a short time period. Sharing deadlines and information between centres may have contributed to this success.

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**Title: Comparing N-PASS and NIPS: Improving Pain Measurement in the Neonate.**

**Citation:** Advances in neonatal care : official journal of the National Association of Neonatal Nurses; Aug 2018; vol. 18 (no. 4); p. 260-266

**Author(s):** Desai, Amita; Aucott, Susan; Frank, Karen; Silbert-Flagg, JoAnne

**Background:** Proper assessment of pain is essential to allow for safe and compassionate care of infants in the neonatal intensive care unit (NICU). The Neonatal Infant Pain Scale (NIPS) used in an urban level IV NICU addresses acute pain but may not adequately measure chronic neonatal pain.

**Purpose:** The purpose of this quality improvement study was to improve acute and chronic pain measurements for neonates in an NICU through implementation of the Neonatal Pain, Agitation, and Sedation Scale (N-PASS).

**Methods/Search Strategy:** An evidence search for a comprehensive tool to assess neonatal pain in the setting of a 45-bed level IV NICU was completed. The N-PASS was found to be inclusive of measuring acute and chronic neonatal pain. Participants for a quality improvement study, including NICU nurses and providers, were educated on the N-PASS. Nurses documented in the N-PASS and the NIPS during routine pain assessments for NICU infants for comparison. Participants completed a survey assessing knowledge of the N-PASS.

**Findings/Results:** When compared, the N-PASS generated 98% of pain scores greater than the NIPS. Surveys demonstrated an increase in staff knowledge for the N-PASS.

**Implications For Practice:** Implementation of a multidimensional pain tool that measures acute and chronic pain is essential for proper pain assessment. Providers can manage neonatal pain when accurate documentation is available.

**Implications For Research:** Further research evaluating guided management of acute and chronic pain scores on the N-PASS would aid hospital policies on therapies for neonatal pain.

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**Title: Children's Perspectives on Living With a Sibling With a Chronic Illness.**

**Citation:** Pediatrics; Aug 2018; vol. 142 (no. 2)

**Author(s):** Deavin, Antoinette; Greasley, Pete; Dixon, Clare

**Context:** Clinical guidance emphasizes the importance of considering the whole family when caring for a child with a pediatric chronic illness (PCI). However, there is a lack of research specific to sibling experience. Parental accounts are used in studies to examine family experiences; consequently, the direct voices of siblings are neglected.

**Objective:** The meta-synthesis was used to explore the experiences of siblings of children with PCIs to understand their perspectives; in particular, we observed what they feel had influenced their emotional well-being, to target interventions.

**Data Sources:** We searched PsychInfo, Cumulative Index to Nursing and Allied Health Literature, PubMed, and Academic Search Complete databases from inception to April 2016.

**Study Selection:** We selected qualitative articles used to examine children's perspectives of living with a sibling with a PCI. Twelve articles were reviewed.

**Data Extraction:** We observed participants' characteristics, qualitative methodology, analysis, and themes. RESULTSThe thematic synthesis identified 2 overarching themes providing new insights. The first theme, "changing relationships," had 2 subthemes: "changing family relationships" and "changing relationship to self." The second theme, "managing changes," had 3 subthemes: "coping and acceptance," "support from friends, peers, and support groups," and "negative reactions from others."

**Limitations:** Studies were often descriptive with little explicit qualitative analysis.

**Conclusions:** The findings are used to outline how changes in family relationships often result in reduced communication and a suppression of healthy siblings' needs. Siblings develop strategies to help them cope with and accept their circumstances, including finding new prosocial ways of meeting their needs in the form of skills and roles they develop.

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**Title: Streamlining the process of Newborn and Infant Physical Examination (NIPE).**

**Citation:** Archives of disease in childhood. Education and practice edition; Jul 2018

**Author(s):** Ghabra, Karim; Ahmed, Molla Imaduddin; McDevitt, Katharine; Al-Sabbagh, Afraa

**Abstract:** This quality improvement project helped streamline the process of newborn and infant physical examinations on maternity inpatient ward and improved patient journey and workforce satisfaction.

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**Title: Transitions in Rheumatic Disease: Pediatric to Adult Care.**

**Citation:** Pediatric clinics of North America; Aug 2018; vol. 65 (no. 4); p. 867-883

**Author(s):** Ardoin, Stacy P

**Abstract:** Although it has been widely acknowledged for more than two decades that transition from pediatric to adult care is a vulnerable time for adolescents and young adults with rheumatic diseases, current primary and subspecialty care transition and transfer processes remain inadequate. Barriers to improving transition include complex health care systems, neurodevelopmental challenges of adolescents and young adults, and insufficient transition-related education and resources for health care providers. Standardized, evidence-based transition interventions are sorely needed to establish best practices. Quality improvement approaches such as the Six Core Elements of Health Care Transition offer opportunities to improve transition care for teens and young adults.

**Sources Used:**

The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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