

Women and Children's Current Awareness Bulletin

February 2019

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Title: Effects of family-centred care interventions on preterm infants and parents in neonatal intensive care units: A systematic review and meta-analysis of randomised controlled trials.

Citation: Australian Critical Care; Jan 2019; vol. 32 (no. 1); p. 63-75

Author(s): Ding, Xiang; Zhu, Lihui; Zhang, Rong; Wang, Li; Wang, Ting-Ting; Latour, Jos M.

Objective: The objective of this study was to review English and Chinese randomised controlled trials (RCTs) to determine the effects of family-centred care (FCC) interventions on preterm infants' and parental outcomes in the neonatal intensive care units and to conduct a meta-analysis. Review method used Systematic review and meta-analysis.

Data sources: Medline, CINAHL, Embase, PsycINFO, BNI, and AMED and the Chinese databases CNKI and Wanfang Data were searched in April 2017 and updated in August 2018. Review methods Only RCTs were included. Participants were preterm infants ≤ 37 weeks gestational age and parents. Interventions were related to FCC, and outcome measures were infant and parent clinical outcomes. Included studies were assessed for risk of bias using Cochrane Manual 5.1.0. Meta-analyses used mean differences (MDs), standardised mean differences (SMDs), or odds ratio (OR), followed by 95% confidence interval (CI). Heterogeneity was tested with Cochran's Q chi-squared test, tau-squared test, and inconsistency index (I²).

Results: Nineteen studies (10 from English and 9 from Chinese databases) were included; meta-analysis included 15 studies (7 English and 8 Chinese RCTs). Meta-analysis showed significant improvements in weight gain (7 studies: MD, 4.57; 95% CI, 2.80–6.34; $P < 0.001$; I² 94%); readmission (3 studies: OR, 0.23; 95% CI, 0.10–0.52; $P < 0.001$; I² = 0%); parent satisfaction (5 studies: OR, 11.20; 95% CI, 4.76–26.34; $p < 0.001$; I² = 0%); skills of parents (4 studies: SMD, 2.57; 95% CI, 2.19–2.96; $P < 0.001$; I² = 53%); knowledge of parents (4 studies: SMD, 2.74; 95% CI, 2.47–3.00; $P < 0.001$; I² = 0%); parental anxiety at follow-up (3 studies: SMD, -0.19; 95% CI, -0.28 to -0.09; $P < 0.001$; I² = 0%); parent depression at follow-up (2 studies: SMD, 0.37; 95% CI, -0.63 to -0.12; $P = 0.004$; I² = 44%); and parental stress (3 studies: MD, -0.20; 95% CI, -0.26 to -0.13; $P < 0.001$; I² = 0%). No statistical differences were observed in neurobehavioural development (3 studies) and hospital length of stay (7 studies).

Conclusions: FCC interventions can improve weight gain and readmission in preterm infants as well as parent satisfaction, knowledge, and skills, and possibly long-term anxiety, depression, and stress. Developing standardised outcome sets for testing family-centred care interventions is recommended.

Title: The influence of partners on feeding: A personal reflection.

Citation: British Journal of Midwifery; Jan 2019; vol. 27 (no. 1); p. 10-14

Author(s): Halliday, Alexandra

Abstract: Research suggests that partner support is one of the biggest determinants of women's health choices (Scott et al, 2006), yet partner inclusion in maternity care is often overlooked. This article critically reflects on a personal encounter with a breastfeeding woman and her husband that highlights these issues. It explores the literature on breastfeeding influences, focusing on partner support and sociocultural background. This personal reflection also examines how greater knowledge of these factors helps to foster more meaningful communication with women and their families.

Title: Impact of an educational intervention on breastfeeding behaviour among pregnant women.

Citation: British Journal of Midwifery; Jan 2019; vol. 27 (no. 1); p. 33-42

Author(s): Jeihooni, Ali Khani; Kashfi, Seyyed Mansour; Harsini, Pooyan Afzali

Background: Interventions to support, promote and increase breastfeeding rates are of significant importance. Interventions based on health education and health promotion theories on breastfeeding refer to those providing real and technical information on breastfeeding for special purpose groups in the community. Aims: To survey the application of theory of planned behaviour in breastfeeding behaviour among pregnant women in Fasa City, Iran.

Methods: A quasi-experimental research design was used with 100 women at 30–34 weeks' gestational age. The intervention consisted of seven training sessions, and behaviours were evaluated before and 40 days after postpartum. A questionnaire consisting of demographic information, knowledge and theory of planned behaviour constructs (attitude, subjective norms, perceived behavioural control and intention) was used to measure breastfeeding behaviour. Data were analysed using descriptive statistics.

Findings: Post-intervention, the experimental group showed a significant increase in the knowledge, attitude, perceived behavioural control, subjective norms, intention and breastfeeding behaviour.

Conclusions: This study showed the effectiveness of the intervention based on the theory of planned behaviour constructs in adoption of breastfeeding behaviour post-intervention in women.

Title: Integrative Review of the Factors That Influence Fathers' Involvement in the Breastfeeding of Their Infants.

Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing; Jan 2019; vol. 48 (no. 1); p. 16-26

Author(s): Ng, Regina Wan Leng; Shorey, Shefaly; He, Hong-Gu

Objective: To integrate research findings related to the factors that influence fathers' involvement in the breastfeeding of their infants.

Data Sources: Five electronic databases (PubMed, CINAHL, Embase, PsycINFO, and Web of Science) were searched with the keywords breastfeeding, factors, fathers, involvement, partner, and parent to identify studies that were published in English through July 2018.

Study Selection: The initial search produced 11,927 articles. After the removal of non-English articles and duplicates, a total of 7,533 articles remained. Application of the inclusion and exclusion criteria to titles and abstracts resulted in the elimination of 7,061 articles. In-depth reviews of the remaining 472 full-text articles according to quality appraisal resulted in 39 articles for inclusion in this review.

Data Extraction: We extracted specific information from each article's purpose, methods, setting, and key findings sections that explained factors that influenced fathers' involvement in the breastfeeding of their infants.

Data Synthesis: Thematic analysis was used to synthesize the findings into seven themes: Fathers' Knowledge Regarding Breastfeeding, Fathers' Attitudes Toward Breastfeeding, Fathers' Perceptions of Subjective Norms Surrounding Their Involvement in Breastfeeding,

Fathers' Perceived Behavioral Control of Their Involvement, Committed Relationship, Sociodemographic Characteristics, and Fathers' Attendance at Antenatal Classes.

Conclusion: We identified nonmodifiable and modifiable factors that influenced fathers' involvement in the breastfeeding of their infants. Many of these are amenable to intervention, particularly educational interventions for fathers to improve their knowledge of and attitudes about breastfeeding. Nurses can educate fathers about the benefits of breastfeeding and the importance of their participation to encourage greater involvement. Nurses can help change the knowledge and attitudes of fathers and cultural norms that are unsupportive of fathers' involvement in the breastfeeding process.

Title: Learning from Women with a Body Mass Index (Bmi) \geq 30 kg/m² who have Breastfed and/or are Breastfeeding: a Qualitative Interview Study.

Citation: Maternal and child health journal; Jan 2019

Author(s): Lyons, Stephanie; Currie, Sinéad; Smith, Debbie M

Objectives: Women with a BMI \geq 30 kg/m² are less likely to initiate and maintain breastfeeding compared to women with a BMI \leq 30 kg/m². Reasons for this disparity are not understood. Therefore, this qualitative interview study aimed to learn from women with a BMI \geq 30 kg/m² who have breastfed.

Methods: Eighteen women participated in a semi-structured telephone interview. Participants were required to have had a BMI \geq 30 kg/m² at the start of their pregnancy, and have breastfed and/or be currently breastfeeding. An inductive thematic analysis was used to analyze data.

Results: Two themes were identified: 'personal control over breastfeeding behavior' and 'realistic expectations of the breastfeeding journey'. To achieve their breastfeeding goals, women described the importance of feeling in control of their behaviors, and having realistic expectations, when facing social and practical barriers. They gained this control and formed realistic expectations by seeking support and information. In particular, gaining support from other breastfeeding women with a BMI \geq 30 kg/m², and information about alternative positioning, and compatible clothing and nutrition helped women to breastfeed.

Conclusions for Practice: Having adequate information and support in order to feel in control of breastfeeding behavior and form realistic expectations are vital contributors to breastfeeding behaviors in women with a BMI \geq 30 kg/m². Future work is necessary to develop suitable interventions and to investigate their feasibility.

Title: In-hospital Neonatal Falls: An Unintended Consequence of Efforts to Improve Breastfeeding.

Citation: Pediatrics; Jan 2019; vol. 143 (no. 1)

Author(s): Hughes Driscoll, Colleen A; Pereira, Nicola; Lichenstein, Richard

Abstract: In-hospital neonatal falls are increasingly recognized as a postpartum safety risk, with maternal fatigue contributing to these events. Recommendations to support rooming-in may increase success with breastfeeding; however, this practice may also be associated with maternal fatigue. We report a cluster of in-hospital neonatal falls associated with a hospital program to improve breastfeeding, which included rooming-in practices. Metrics related to breastfeeding were prospectively collected by chart audit or patient survey while ongoing efforts to improve breastfeeding occurred (September 2015-August 2017). Falls

were identified through the hospital adverse event reporting system from January 2011 to February 2018. Medical records were reviewed to determine factors associated with the falls, including time of event, pain medication administration, hours of life at fall, method of delivery, or other notable factors that may have contributed to the fall event. Three fall events occurred within 1 year of commencing improvement efforts as process and outcome metrics associated with breastfeeding improved. All events were associated with mothers falling asleep while feeding their infant, and all occurred between midnight and 6 am. Falls occurred from 38.0 to 75.7 hours after birth. No sedating pain medications were administered within 4 hours of any event. In 2 of 3 cases, mothers experienced notable ongoing social stressors. Rooming-in was the most significant change involved in our health care delivery during the programmatic effort to improve breastfeeding. Monitoring for in-hospital neonatal falls may be needed during projects aimed at improving breastfeeding, particularly if rooming-in practices are involved.

Title: Probiotics for the management of neonatal hyperbilirubinemia: a systematic review of randomized controlled trials.

Citation: The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Jan 2019; vol. 32 (no. 1); p. 154-163

Author(s): Deshmukh, Janki; Deshmukh, Mangesh; Patole, Sanjay

Background: Neonatal jaundice requiring phototherapy is associated with significant socioeconomic burden including hospital readmission, prolonged hospital stay, and separation of the baby from mother.

Objectives: To assess the efficacy and safety of probiotics in reducing the need for phototherapy and its duration in neonatal hyperbilirubinemia.

Methods: A systematic review of randomized controlled trials (RCTs) of probiotic supplementation for prevention or treatment of jaundice in neonates (any gestation or weight) using the Cochrane methodology. Primary outcome was the duration of phototherapy. Secondary outcomes included incidence of jaundice, total serum bilirubin (TSB) level at 24, 48, 72, 96 h, and day 7, duration of hospital stay, and adverse effects (e.g. probiotic sepsis). Results were summarized as per GRADE guidelines.

Results: Nine RCTs (prophylactic: six trials, N = 1761; therapeutic: three trials, N = 279) with low to high risk of bias were included. Meta-analysis (random-effects model) showed probiotic supplementation reduced duration of phototherapy [N = 415, mean difference (MD): -11.80 (-17.47, -6.13); p < .0001; level of evidence (LOE): low]. TSB was significantly reduced at 96 h [MD: -1.74 (-2.92, -0.57); p = .004] and 7 d [MD: -1.71 (-2.25, -1.17); p < .00001; LOE: low] after probiotic treatment. Prophylactic probiotics did not reduce the incidence of jaundice significantly [N = 1582, relative risk (RR): 0.56 (0.25, 1.27); p = .16; LOE: low]. There were no probiotic-related adverse effects.

Conclusion: Limited low-quality evidence indicates that probiotic supplementation may reduce the duration of phototherapy in neonates with jaundice. Routine use of probiotics to prevent or treat neonatal jaundice cannot be recommended. Large well-designed trials are essential to confirm these findings.

Title: The impact of the UK Baby Friendly Initiative on maternal and infant health outcomes: A mixed methods systematic review.

Citation: Maternal & child nutrition; Jan 2019 ; p. e12778

Author(s): Fallon, Victoria; Harrold, Joanne Alison; Chisholm, Anna

Abstract: Global evidence demonstrates that adherence to the Baby Friendly Initiative (BFI) has a positive impact on multiple child health outcomes, including breastfeeding initiation and duration up to one year postpartum. However, it is currently unclear whether these findings extend to specific countries with resource rich environments. This mixed methods systematic review aims to a) examine the impact of BFI implementation (hospital and community) on maternal and infant health outcomes in the UK, and b) explore the experiences and views of women receiving BFI-compliant care in the UK. Two authors independently extracted data including study design, participants, and results. There is no UK data available relating to wider maternal or infant health outcomes. Three quantitative studies indicate that Baby Friendly Hospital Initiative (BFHI) implementation has a positive impact on breastfeeding outcomes up to one week postpartum but this is not sustained. There was also some evidence for the positive impact of individual steps of Baby Friendly Community Initiative (BFCl) (n=3) on breastfeeding up to eight weeks postpartum. Future work is needed to confirm whether BFI (hospital and community) is effective in supporting longer-term breastfeeding and wider maternal and infant health outcomes in the UK. A meta-synthesis of five qualitative studies found that support from health professionals is highly influential to women's experiences of BFI-compliant care, but current delivery of BFI may promote unrealistic expectations of breastfeeding, not meet women's individual needs, and foster negative emotional experiences. These findings reinforce conclusions that the current approach to BFI needs to be situationally modified in resource rich settings.

Title: Role of massage therapy on reduction of neonatal hyperbilirubinemia in term and preterm neonates: a review of clinical trials.

Citation: The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Jan 2019; vol. 32 (no. 2); p. 301-309

Author(s): Garg, Bhawan Deep; Kabra, Nandkishor S; Balasubramanian, Haribalakrishna

Background: Neonatal hyperbilirubinemia (NNH) is one of the leading causes of admissions in nursery throughout the world. It affects approximately 2.4-15% of neonates during the first 2 weeks of life.

Aims: To evaluate the role of massage therapy for reduction of NNH in both term and preterm neonates.

Method: The literature search was done for various randomized control trials (RCTs) by searching the Cochrane Library, PubMed, and EMBASE.

Results: This review included total of 10 RCTs (two in preterm neonates and eight in term neonates) that fulfilled inclusion criteria. In most of the trials, Field massage was given. Six out of eight trials reported reduction in bilirubin levels in term neonates. However, only one trial (out of two) reported significant reduction in bilirubin levels in preterm neonates. Both trials in preterm neonates and most of the trials in term neonates (five trials) reported increased stool frequencies.

Conclusion: Role of massage therapy in the management of NNH is supported by the current evidence. However, due to limitations of the trials, current evidences are not sufficient to use massage therapy for the management of NNH in routine practice.

Title: Efficacy and Safety of EMLA Cream for Pain Control Due to Venipuncture in Infants: A Meta-analysis.

Citation: Pediatrics; Jan 2019; vol. 143 (no. 1)

Author(s): Shahid, Shaneela; Florez, Ivan D; Mbuagbaw, Lawrence

Context: The eutectic mixture of lidocaine (EMLA) cream has been used to reduce the pain during venipuncture in infants.

Objective: To determine the efficacy and safety of EMLA in infants <3 months of age requiring venipuncture in comparison with nonpharmacological interventions in terms of pain reduction, change in physiologic variables, and methemoglobinemia.

Data Sources: Medline, Embase, Cochrane Central Register of Controlled Trials, Cumulative Index to Nursing and Allied Health Literature, Web of Science, and gray literature were searched from inception to August 2017, without language restrictions.

Study Selection: We selected randomized controlled trials in which researchers compared EMLA with nonpharmacological interventions.

Data Extraction: Two reviewers independently performed abstract screening and full-text review, and extracted the data and assessed the risk of bias.

Results: Ten randomized controlled trials (907 infants) were included. EMLA revealed little or no effect in reduction of pain (standardized mean difference: 0.14; 95% confidence interval [CI]: -0.17 to 0.45; 6 trials, n = 742; moderate-quality evidence) when EMLA was compared with sucrose, breastfeeding, or placebo. In comparison with placebo, EMLA revealed a small-to-moderate effect on increasing methemoglobin levels (mean difference: 0.35; 95% CI: 0.04 to 0.66; 2 trials, n = 134; low-quality evidence). There was an increased risk of blanching of the skin in the EMLA group (relative risk: 2.63; 95% CI: 1.58 to 4.38; 2 trials, n = 123; I² = 84%, very low-quality evidence).

Limitations: Our results may not be applicable to older infants.

Conclusions: EMLA reveals minimal benefits in terms of reduction of pain due to venipuncture procedure in comparison with placebo and no benefit in comparison with sucrose and/or breastfeeding. Moreover, it produced an elevation in methemoglobin levels and skin blanching.

Title: Developing a core outcome set for childhood obesity prevention: A systematic review.

Citation: Maternal & Child Nutrition; Jan 2019; vol. 15 (no. 1)

Author(s): Matvienko-Sikar, Karen; Griffin, Ciara; McGrath, Niamh; Toomey, Elaine; Byrne, Molly; Kelly, Colette; Heary, Caroline; Devane, Declan; Kearney, Patricia M.

Abstract: Synthesis of effects of infant feeding interventions to prevent childhood obesity is limited by outcome measurement and reporting heterogeneity. Core outcome sets (COSs) represent standardised approaches to outcome selection and reporting. The aim of this review is to identify feeding outcomes used in infant feeding studies to inform an infant feeding COS for obesity prevention interventions. The databases EMBASE, Medline,

CINAHL, CENTRAL, and PsycINFO searched from inception to February 2017. Studies eligible for inclusion must examine any infant feeding outcome in children ≤ 1 year. Feeding outcomes include those measured using self-report and/or observational methods and include dietary intake, parent-child interaction, and parental beliefs, among others. Data were extracted using a standardised data extraction form. Outcomes were assigned to outcome domains using an inductive, iterative process with a multidisciplinary team. We identified 82 unique outcomes, representing nine outcome domains. Outcome domains were "breast and formula feeding," "introduction of solids," "parent feeding practices and styles," "parent knowledge and beliefs," "practical feeding," "food environment," "dietary intake," "perceptions of infant behaviour and preferences," and "child weight outcomes." Heterogeneity in definition and frequency of outcomes was noted in reviewed studies. "Introduction of solids" (59.5%) and "breastfeeding duration" (55.5%) were the most frequently reported outcomes. Infant feeding studies focus predominantly on consumption of milks and solids and infant weight. Less focus is given to modifiable parental and environmental factors. An infant feeding COS can minimise heterogeneity in selection and reporting of infant feeding outcomes for childhood obesity prevention interventions.

Title: Protecting, promoting, and supporting breastfeeding on Instagram.

Citation: Maternal & Child Nutrition; Jan 2019; vol. 15 (no. 1)

Author(s): Marcon, Alessandro R.; Bieber, Mark; Azad, Meghan B.

Abstract: Breastfeeding has many established benefits for mothers, children, and society at large; however, the vast majority of infants globally do not meet international breastfeeding recommendations. There are many complex reasons for suboptimal breastfeeding rates, including social and societal factors. Alongside increasing social media use worldwide, there is an expanding research focus on how social media use affects health behaviours, decisions and perceptions. The objective of this study was to systematically determine if and how breastfeeding is promoted and supported on the popular social media platform Instagram, which currently has over 700 million active users worldwide. To assess how Instagram is used to depict and portray breastfeeding, and how users share perspectives and information about this topic, we analysed 4,089 images and 8,331 corresponding comments posted with popular breastfeeding-related hashtags (#breastfeeding, #breastmilk, #breastisbest, and #normalizebreastfeeding). We found that Instagram is being mobilized by users to publicly display and share diverse breastfeeding-related content and to create supportive networks that allow new mothers to share experiences, build confidence, and address challenges related to breastfeeding. Discussions were overwhelmingly positive and often highly personal, with virtually no antagonistic content. Very little educational content was found, contrasted by frequent depiction and discussion of commercial products. Thus, Instagram is currently used by breastfeeding mothers to create supportive networks and could potentially offer new avenues and opportunities to "normalize," protect, promote, and support breastfeeding more broadly across its large and diverse global online community.

Efficacy and Safety of EMLA Cream for Pain Control Due to Venipuncture in Infants: A Meta-analysis.

Citation: Pediatrics; Jan 2019; vol. 143 (no. 1); p. 1-14

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Title: Interventions to increase the initiation of breastfeeding: a systematic review of studies conducted in the UK and Ireland.

Citation: Evidence Based Midwifery; Dec 2018; vol. 16 (no. 4); p. 112-119

Author(s): Sinclair, Marlene; McCullough, Julie E. M.; Armstrong, Nicola; Carroll, Ruth; Barrett, Eimear; Calvert, Janet; Dodds, Rosemary; Gossrau-Breen, Diana; Healy, Maria; Herron, Maria; Lagan, Briega; McNeill, Jenny; O'Rorke, Michael; Purdy, Joanna; Sloan, Seaneen; Stockdale, Janine; Talbot, Seána

Background: The benefits of breastfeeding are well documented and the World Health Organization (WHO) specifically recommends exclusive breastfeeding for six months and up to two years with complementary food. The UK and Ireland continue to report the lowest rates of breastfeeding in the world. Ireland has the lowest reported rate of 'having ever breastfed' (55%) and the UK has the fifth lowest (81%). **Aim:** This review was conducted to evaluate interventions that aimed to improve breastfeeding initiation rates in the UK and Ireland as a foundation for developing breastfeeding initiatives in Northern Ireland (NI).

Method: A systematic literature review was conducted using the Population, Intervention, Comparison, Outcomes, Study design (PICOS) Model to define the review question: Which interventions have been tested in the UK or Ireland to improve Breastfeeding initiation rates? The following electronic databases were searched: CINAHL, Cochrane Central Register of Controlled Trials, Embase, MIDIRS, Medline, ProQuest, PsycInfo and Scopus. Groups of search terms were combined relating to 'breastfeeding' and 'initiation' over the time period (2005-18). Intervention studies were eligible for inclusion if breastfeeding initiation was the primary outcome and they were conducted in the UK or Ireland and published in English.

Hand searches of article reference lists were also undertaken to ensure no relevant studies were missed. Each paper was independently assessed by five members of the team and verified for inclusion by consensus. A risk of bias analysis of the included studies was also completed.

Findings: In total, 2055 papers were retrieved: 2029 were not eligible. A further 13 duplicates were removed leaving 12 papers for review. Three papers, involving 3316 participants, met the full inclusion criteria. The evidence from these papers of the impact on breastfeeding initiation rates in response to peer, group and one-to-one support interventions conducted was inconclusive.

Conclusion: This review highlights the small number of intervention studies conducted in the UK and Ireland evidencing the need to invest in future research focused on improving breastfeeding initiation rates. Future studies should also examine the contextual issues alongside the development and implementation of interventions.

Title: Investigating the effectiveness of school-based breastfeeding education on breastfeeding knowledge, attitudes and intentions of adolescent females.

Citation: Midwifery; Mar 2019; vol. 70 ; p. 64-70

Author(s): Reyes, Celina; Barakat-Haddad, Caroline; Barber, Wendy; Abbass-Dick, Jennifer

Highlights • Decisions to breastfeed are often made prior to conception, in adolescence. • Education in school increased breastfeeding knowledge, attitude and intentions. • Adolescents indicated breastfeeding should be added to reproductive curriculum. • A school based breastfeeding session was feasible and well received. • Providing this education in secondary school aids in normalizing breastfeeding.

Abstract: Breastfeeding intentions are usually shaped prior to conception, often as early as adolescence. Secondary school reproductive curriculum may be an appropriate setting to provide breastfeeding information on a population level. The purpose of this pilot study was to investigate the impact of a school-based breastfeeding educational intervention on the breastfeeding knowledge, attitudes and future infant feeding intentions of secondary school adolescent females; as well as assess the acceptability and feasibility of the intervention among the target population. Participants consisted of a convenience sample of 77 adolescent female students from an Ontario secondary school. Participants received one 70 min breastfeeding educational session in health education class. Data were collected using self-administered questionnaire at baseline and one day after the intervention. A modified version of the Iowa Infant Feeding Attitude Scale (IIFAS) and a modified breastfeeding knowledge scale were used to measure breastfeeding attitudes and knowledge. Additional outcomes measured included future breastfeeding intentions and participants' perceptions of the educational session. Breastfeeding knowledge ($p < 0.001$), attitudes ($p < 0.001$), and future intentions of participants to exclusively breastfeed increased significantly ($p < 0.05$) at post-test. The participant feedback indicated that they found the content useful, interesting and the information was presented in an engaging manner. These findings suggest that adolescent females are receptive to learning about breastfeeding in school and a single school-based breastfeeding educational intervention can positively impact breastfeeding knowledge, attitudes and future intentions of adolescent females. The secondary school setting may be an ideal setting for the inclusion of educational breastfeeding content to enable future informed decision making.

Title: Association of Nurse Workload With Missed Nursing Care in the Neonatal Intensive Care Unit.

Citation: JAMA Pediatrics; Jan 2019; vol. 173 (no. 1); p. 44-51

Author(s): Tubbs-Cooley, Heather L.; Mara, Constance A.; Carle, Adam C.; Mark, Barbara A.; Pickler, Rita H.

Key Points:

Question: Does the workload of neonatal intensive care unit nurses influence the likelihood that a nurse will miss necessary care for assigned infants?

Findings: In this study of 136 nurses caring for 418 infants during 332 shifts, increased infant-to-nurse ratio during a shift was associated with increased missed nursing care in about half of the measured missed care items. When a measure of subjective workload was considered, the associations of ratios were mostly attenuated; increased subjective workload was consistently associated with increased missed care.

Meaning: Focusing exclusively on infant-to-nurse ratios to address missed care may be limiting; nurses' subjective workload is typically unmeasured but has promise for tailored workload interventions. This study evaluates the association of nurse shift-level workloads in the neonatal intensive care unit with missed nursing care using nurse-reported data.

Importance: Quality improvement initiatives demonstrate the contribution of reliable nursing care to gains in clinical and safety outcomes in neonatal intensive care units (NICUs); when core care is missed, outcomes can worsen.

Objective: To evaluate the association of NICU nurse workload with missed nursing care.

Design, Setting, and Participants: A prospective design was used to evaluate associations between shift-level workload of individual nurses and missed care for assigned infants from March 1, 2013, through January 31, 2014, at a 52-bed level IV NICU in a Midwestern academic medical center. A convenience sample of registered nurses who provided direct patient care and completed unit orientation were enrolled. Nurses reported care during each shift for individual infants whose clinical data were extracted from the electronic health record. Data were analyzed from January 1, 2015, through August 13, 2018. Exposures: Workload was assessed each shift with objective measures (infant-to-nurse staffing ratio and infant acuity scores) and a subjective measure (the National Aeronautics and Space Administration Task Load Index [NASA-TLX]). Main Outcomes and Measures: Missed nursing care was measured by self-report of omission of 11 essential care practices. Cross-classified, multilevel logistic regression models were used to estimate associations of workload with missed care.

Results: A total of 136 nurses provided reports of shift-level workload and missed nursing care for 418 infants during 332 shifts of 12 hours each. When workload variables were modeled independently, 7 of 12 models demonstrated a significant worsening association of increased infant-to-nurse ratio with odds of missed care (eg, nurses caring for ≥ 3 infants were 2.51 times more likely to report missing any care during the shift [95% credible interval, 1.81-3.47]), and all 12 models demonstrated a significant worsening association of increased NASA-TLX subjective workload ratings with odds of missed care (eg, each 5-point increase in a nurse's NASA-TLX rating during a shift was associated with a 34% increase in the likelihood of missing a nursing assessment for his or her assigned infant[s] during the same shift [95% credible interval, 1.30-1.39]). When modeling all workload variables jointly, only 4 of 12 models demonstrated significant association of staffing ratios with odds of missed care, whereas the association with NASA-TLX ratings remained significant in all models. Few associations of acuity scores were observed across modeling strategies.

Conclusions and Relevance: The workload of NICU nurses is significantly associated with missed nursing care, and subjective workload ratings are particularly important. Subjective

workload represents an important aspect of nurse workload that remains largely unmeasured despite high potential for intervention.

Title: Safety and efficacy of a combination of pethidine and levallorphan for pain relief during labor: An observational study.

Citation: Journal of Obstetrics & Gynaecology Research; Feb 2019; vol. 45 (no. 2); p. 337-344

Author(s): Kinugasa, Masato; Miyake, Mayu; Tamai, Hanako; Tamura, Maki

Aim: To evaluate the safety, effect on breastfeeding and efficacy of a combination of pethidine and levallorphan (Pethilorfan) for pain relief during labor.

Methods: We compared maternal or neonatal morbidities, suckling difficulties in newborns and breastfeeding rates between 177 women who received 50–200 mg (as pethidine) of Pethilorfan during labor (Pethilorfan group) and 354 women who delivered their infants without analgesic drugs immediately before or after each woman in the Pethilorfan group (control group) from January 1, 2005 to December 31, 2016. We performed univariate and multivariate analyses for comparison between the two groups. We also evaluated the efficacy of Pethilorfan retrospectively.

Results: The Pethilorfan group included more women with prolonged and/or operative deliveries than the control group. Nevertheless, no significant differences were seen between the two groups in the rates of Apgar scores less than 7 at 1 or 5 min, composite neonatal morbidities, hyperbilirubinemia or respiratory disturbances. The incidence of suckling difficulties lasting over 24 h and the breastfeeding rates at discharge or after 1 month were also similar. Maternal adverse effects of Pethilorfan were generally mild and transient. The efficacy ratio of Pethilorfan was 83.6%, although its analgesic effect was usually incomplete.

Conclusion: Pethilorfan can be used safely for labor pain relief without increasing maternal or neonatal morbidities, or impeding breastfeeding, if it is administered at a prudent dosage. Parenteral opioids including Pethilorfan should remain as an option for treating women in labor pain, particularly when epidural analgesia is not readily available or contraindicated.

Title: Physiology of Stress and Use of Skin-to-Skin Care as a Stress-Reducing Intervention in the NICU.

Citation: Nursing for Women's Health; Feb 2019; vol. 23 (no. 1); p. 59-70

Author(s): Pados, Britt Frisk

Abstract: Advances in neonatal care have allowed for the increasing survival of critically ill infants. These infants experience significant stress related to painful procedures and physical separation from their parents. The purpose of this article is to describe the physiologic stress mechanisms that contribute to mortality and morbidity in infants in the NICU and the physiologic mechanisms by which skin-to-skin care (SSC) acts on the stress response system. Findings from current literature supporting the use of SSC and barriers and facilitators to implementation are reviewed. SSC is a safe and effective intervention to reduce stress for infants and their parents. Nurses play a key role in facilitating SSC to optimize outcomes of care in the NICU. Skin-to-skin care is a safe and effective intervention to reduce stress for newborns and their parents in the NICU.

Title: Vegan Nutrition for Mothers and Children: Practical Tools for Healthcare Providers.

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Author(s): Baroni, Luciana; Goggi, Silvia; Battaglino, Roseila; Berveglieri, Mario; Fasan, Ilaria; Filippin, Denise; Griffith, Paul; Rizzo, Gianluca; Tomasini, Carla; Tosatti, Maria Alessandra; Battino, Maurizio Antonio

Abstract: As the number of subjects choosing vegan diets increases, healthcare providers must be prepared to give the best advice to vegan patients during all stages of life. A completely plant-based diet is suitable during pregnancy, lactation, infancy, and childhood, provided that it is well-planned. Balanced vegan diets meet energy requirements on a wide variety of plant foods and pay attention to some nutrients that may be critical, such as protein, fiber, omega-3 fatty acids, iron, zinc, iodine, calcium, vitamin D, and vitamin B12. This paper contains recommendations made by a panel of experts from the Scientific Society for Vegetarian Nutrition (SSNV) after examining the available literature concerning vegan diets during pregnancy, breastfeeding, infancy, and childhood. All healthcare professionals should follow an approach based on the available evidence in regard to the issue of vegan diets, as failing to do so may compromise the nutritional status of vegan patients in these delicate periods of life.

Sources Used:

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

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